

DOCUMENT RESUME

ED 477 212

EC 309 625

AUTHOR Dawson, Carol A.
TITLE Crisis Intervention Training and Support for School Staff of Junior High School Special Education Students with Emotional Disturbances.
PUB DATE 2001-00-00
NOTE 99p.; A Practicum II Report presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education, Nova Southeastern University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Tests/Questionnaires (160)
EDRS PRICE EDRS Price MF01/PC04 Plus Postage.
DESCRIPTORS *Behavior Disorders; *Crisis Intervention; *Emotional Disturbances; Inner City; *Inservice Teacher Education; Junior High Schools; *Special Education Teachers; Special Schools; *Staff Development; Urban Schools

ABSTRACT

This paper reports activities and accomplishments of a practicum which implemented school-wide staff training in a systematic crisis intervention approach, Life Space Crisis Intervention (LSCI), with junior high school students who have emotional disturbances. The 8-month implementation involved two inner-city, special education public school sites. At one school the entire staff was trained in the philosophy and strategies of LSCI with follow-up support. The other school served as a control. Results provided strong evidence for the effectiveness of LSCI in reducing crisis incidents. There was a main effect for group, i.e. students in the control group had more crises than the experimental group. There was also an interaction between the two variables of group and time. In the experimental group there was a greater decrease in suspensions, higher attendance, and a greater increase in students who were mainstreamed and transferred to less restrictive environments. Interviews with trained staff school revealed increased knowledge, skills, and confidence levels in crisis intervention. Individual sections of the report describe the problem, identify anticipated outcomes and evaluation instruments, explain the solution strategy, and report results. Appendices include the staff satisfaction survey, a parent consent form, and conflict resolution room logs. (Contains approximately 115 references.) (DB)

ED 477 212

**Crisis Intervention Training and Support for School Staff of
Junior High School Special Education Students
With Emotional Disturbances**

by
Carol A. Dawson
Cluster 91

**A Practicum II Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education**

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to
improve reproduction quality.

• Points of view or opinions stated in this
document do not necessarily represent
official OERI position or policy.

Nova Southeastern University
2001

EC 309625

Abstract

Crisis Intervention Training and Support for School Staff of Junior High School Special Education Students With Emotional Disturbances. Dawson, Carol A., 2001: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Crisis Intervention/Violence Prevention/Behavior Management/Special Education/At-Risk Students/In-Service Training/Teacher Training.

This practicum was designed to address the need to better prepare school staff who work with students who have emotional disturbances. These students, at times, experience personal crises and may exhibit dangerous behavior to themselves or others, destroy property, disrupt the ongoing program, and inhibit the learning of themselves and others. Pedagogical staff need to increase their knowledge and skills in crisis intervention.

The writer implemented school-wide training and support of Life Space Crisis Intervention (LSCI), a systematic crisis-intervention approach and methodology. An 8-month implementation involved two inner-city, special education public school sites with junior high school students in the age range of 11 to 15, all of whom were classified with emotional disturbances. The entire staff of one site was trained in the philosophy and strategies of LSCI with follow-up support. The control group did not receive the training. Both schools were monitored weekly.

The results of this practicum provided strong evidence as to the effectiveness of LSCI in reducing crisis incidents. There was a main effect for group where the students in the control group had more crises than the experimental group, $F(1, 102) = 40.61$, $p < .001$. There was also an interaction between the two variables of group and time, $F(1, 102) = 7.00$, $p < .01$. In the experimental group, there was a greater decrease in suspensions, higher attendance, and a greater increase in students' mainstreamed and transferred to less restrictive environments. Interviews with the staff of the experimental school revealed that their knowledge, skills, and confidence levels in crisis intervention improved as a result of the LSCI training.

Permission Statement

As a student in the Ed.D. Program in Child and Youth Studies, I do () do not () give permission to Nova Southeastern University to distribute copies of this practicum report on request from interested individuals. It is my understanding that Nova Southeastern University will not charge for dissemination except to cover the costs of microfiche, handling, and mailing of the materials.

(date)

(signature)

APPROVAL PAGE

This practicum took place as described.

Verifier: Carmine J. Scerra, Psy.D.

Supervisor of Psychologists, Office of Positive Behavior Support
Title

New York, New York
Address

Date

This practicum report was submitted by Carol A. Dawson under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

Date of Final Approval of Report

Barbara Christina, Ed.D., Adviser

Acknowledgments

This practicum was a major undertaking. It would not have been possible without the direction, support, and supervision of Dr. Carmine Scerra and Dr. Barbara Christina. Dr. Susan Erber and Charlotte Bloomberg generously endorsed and supported this practicum at the district administrative level. Dr. Anne Berens offered great latitude and creativity with this project. The design, implementation, and report were accomplished with the advice and moral support of Dr. Lawrence P. McGowan. Critical questions were illuminated by Dr. Diane Duggan. Stewart Shankman completed the data analysis. George Hogan was instrumental in clarifying the final edition of this report. There were many consultations with Dr. Nicholas Long regarding important issues relevant to the implementation of the Life Space Crisis Intervention program. The administration, staff, and students of the two schools graciously and generously participated in this project, and have made a major contribution to the field of crisis intervention and prevention. Finally, the Dawson family has provided unconditional love, patience and support. Gratitude and indebtedness are acknowledged to all.

Table of Contents

	Page
Acknowledgments	iii
Abstract.....	vi
Chapter I: Introduction.....	1
Description of Community.....	1
Writer's Work Setting.....	1
Writer's Role.....	3
Chapter II: Study of the Problem.....	4
Problem Statement	4
Problem Description.....	4
Problem Documentation.....	4
Causative Analysis	5
Relationship of the Problem to the Literature	8
Chapter III: Anticipated Outcomes and Evaluation Instruments.....	16
Goals and Expectations.....	16
Expected Outcomes.....	16
Measurement of Outcomes.....	17
Chapter IV: Solution Strategy.....	20
Discussion and Evaluation of Solutions	20
Description of Selected Solutions.....	46
Report of Action Taken	46
Chapter V: Results.....	56
Results.....	56
Discussion.....	66
Recommendations.....	74
Dissemination	75
References	76
Appendices	
A Staff Satisfaction Survey	85
B Parent Consent Form.....	88
C Conflict Resolution Room Logs (Forms A and B).....	90

Tables

1 District Reports of Suspected Child Abuse/Neglect and Suicide Ideation Incidents	5
2 Similarities Between a FBA and the Conflict Cycle of LSCI.....	41
3 Similarities Between the LSCI Stages and a FBA With a Behavior Intervention Plan.....	42
4 Mean Number of Student Crises per Month.....	58

Figures

1 Mean Number of Student Crises per Month.....	59
2 Suspensions.....	60
3 Attendance.....	61
4 Transfers to Less Restrictive Environments.....	62
5 Transfers to More Restrictive Environments.....	63
6 Percent of Student Body Mainstreamed.....	64
7 Staff Perception of Improved Crisis Intervention Skills.....	65

Chapter I: Introduction

Description of Community

The writer's community is a large metropolitan area located in the mid-Atlantic region of the United States. It is one of the oldest port cities in the country. The metropolitan region is composed of demographic complexities embracing multiple social, ethnic, racial, religious, and economic strata--a cornucopia of cultural and religious backgrounds and beliefs.

Writer's Work Setting

The work setting is a large public school district consisting exclusively of special education sites that are spread throughout the metropolitan area and serve students with moderate, severe, and profound disabilities. The mission of the district is to provide challenging educational experiences that will enable all students with disabilities to maximize their potential, thus becoming more productive members of our society. This practicum involved two city public schools, Junior High School 1 (JHS1) and Junior High School 2 (JHS2), with a student body composed of young people between the ages 11 to 15 who have emotional problems that keep them segregated from the general education students.

The majority of the teachers have completed or are in the process of completing their master's degree. All members of the staff are licensed by the local education agency and the state education department. Every teacher has one paraprofessional in assistance in a class that does not exceed 12 students. Staff at these sites include an assistant principal or coordinator, teachers, crisis intervention teachers, paraprofessionals, social worker or guidance counselor, and school aide.

JHS1 and JHS2 are special education sites for emotionally disturbed students from the local community. Both sites are located within community school buildings. The

actual classrooms, however, are located in separate wings of the buildings, segregated from the general education students. Both JHS1 and JHS2 are relatively new, having been formed within the past year. Both schools are located in inner-city neighborhoods, about 14 miles away from each other. All students receive federally funded free breakfasts and lunches. Both schools are staffed, administrated, and funded by a special education district, not by the community school district.

JHS1 is a smaller site affiliated with its main school building, located approximately 2 miles away. JHS1 has 17 staff members, including administration, clinical and guidance staff, crisis intervention staff, teachers, paraprofessionals, and office staff. The majority of staff are African American and Caucasian; there are also Hispanic staff members. Most of the staff are in their current position less than 2 years; however, many had come "up the ranks" (e.g., paraprofessionals became teachers after completing their degree). Most of the staff have completed or are in the process of completing master's degrees. JHS1 has 44 students with emotional disturbances, all of whom receive counseling as mandated on their individualized education programs (IEPs). The population of JHS1 consists of 27 African American and 17 Hispanic students, of whom 38 are males and 6 are females. JHS1 has a systematic school-wide behavior management program.

JHS2 is a smaller site affiliated with its main school building, located approximately 1.5 miles away. JHS2 is 14 miles from JHS1 and neither the staff nor the students have contact with each other. There are also 17 staff members, including administration, clinical and guidance staff, crisis intervention staff, teachers, paraprofessionals, and office staff. The majority of staff are Hispanic and Caucasian, the rest are African American and Indian. Most of the staff have been in their current position less than 2 years and have completed, or are in the process of completing, master's degrees. It also has new teachers who were employed as paraprofessionals for many years until they earned their

degree. JHS2 has 47 students with emotional disturbances, of whom 29 are African American and 18 are Hispanic. The population of JHS2 consists of 36 males and 11 females. All students receive counseling as mandated on their IEPs. JHS2 has a systematic behavior management program similar to JHS1.

Writer's Role

The writer is a special education teacher trainer for the city's board of education whose responsibilities include developing, implementing, monitoring, and evaluating training in the area of positive behavior support for students with challenging behaviors. This position is district based and operates out of the central counseling office. The writer has the responsibility to provide consultation, training, and follow-up support to staff in any area of behavior management.

The writer has experience as a social worker for a state agency, as a special education teacher at a day treatment hospital, and currently as a staff developer in a metropolitan special education district. The areas of classroom behavior management and crisis intervention have been of great interest and professional commitment for several years. The development of positive philosophies and strategies with students who have emotional disturbances has been a critical concern.

Chapter II: Study of the Problem

Problem Statement

Educational staff who work with emotionally disturbed students, 11 to 15 years of age, were not able to help such students when they were in crisis and, therefore, students' inappropriate behavior continued.

Problem Description

The problem that was addressed in this practicum was that the staff in a junior high school established to serve emotionally disturbed students did not feel fully equipped to help such students when they exhibited crisis behavior. While there were school-wide and classroom-level behavior management systems in place, at times these were not enough. The students experienced personal crises and the staff responses were inconsistent and ineffective. As a result, the students' cognitive, emotive, and behavioral manifestations of their emotional disturbances continued unabated.

Problem Documentation

The two schools involved in this practicum supplied four pieces of evidence to support the problem statement. The students at JHS1 had, on average, approximately one crisis per student per month. The students at JHS2 had, on average, approximately two crises per student per month. These data were supplied by the administrator and the crisis intervention teacher of each site.

There were 8 suspensions for 32 students at JHS1 and 6 suspensions for 39 students at JHS2 for the period of October 1998 to May 1999. These data were obtained from the district office. Suspension reports for all the students in both schools were reviewed and tallied. The schools were contacted, and administrators verified the accuracy of the reports.

Data from students' records indicated that no students were transferred to a less

restrictive environment during the same period of time. The writer obtained and reviewed the students' transfer and discharge records from both schools. The administrators of both schools verified the data.

Interviews with 32 staff members of both schools indicated that 28 of 32 staff members believed that students experiencing personal crises needed additional interventions but they did not know what to do. The writer interviewed the staff members from both schools. They were questioned as to their ability to handle student crises; 14 of 16 from each school acknowledged that this was a major problem.

Causative Analysis

To understand the causes of the problem concerning students in crisis, the writer examined difficulties involving the home, the community, the school, the staff, and the student. The families of some students in this district experienced multiple problems that affected the child beyond the home environment. An examination of the annual summary reports (see Table 1) of the district's records revealed a steady rise in recent years of the number of suspected child abuse/neglect incidents and reports of suicide ideation.

Table 1

District Reports of Suspected Child Abuse/Neglect and Suicide Ideation Incidents

School Year	<u>Abuse/Neglect</u>		<u>Suicide ideation</u>	
	No. reports	% of students	No. reports	% of students
1995-1996	473	3.1	268	1.8
1996-1997	602	3.8	469	2.9
1997-1998	694	4.3	524	3.2
1998-1999	846	4.6	645	3.5

Within the metropolitan area, 146 children were reported as abused or neglected

every day, nearly 8,000 children were homeless, and more than 750,000 children lived in poverty. The writer interviewed clinical staff at JHS1 and JHS2 regarding their opinion of the prevalence of "carry-in" problems. The staff reaffirmed that the families of most students themselves had multiple problems. From this review of data, the writer concluded that students with emotional and behavioral problems in these two schools experienced a high incidence of family problems.

Indeed, students in this district came from communities that were also overwhelmed with multiple problems that carried over into school. The following information reported in 1999 from city, state, federal, and not-for-profit agencies regarding these communities revealed: (a) 55% of the children received public assistance, (b) 13 infants per 1,000 births died before their first birthday, (c) 57 incidents of child abuse and neglect were reported per 1,000 children, (d) 65 violent felonies were reported per 1,000 children, (e) over 1,000 youth (age 20 and younger) were arrested, and (f) over 18% of all reported pregnancies were teenagers. These statistics, as well as interviews with staff, indicated that most students in these two schools came from neighborhoods where poverty, violence, gangs, and drugs were prevalent. From this review of data, it was readily seen that students with emotional and behavioral problems in this district experienced a high incidence of community problems.

The assignment of the children to the schools was a direct result of manifestations of social, emotional, and behavioral problems. All of the students had been evaluated and diagnosed with emotional disturbances by their committees for special education, and subsequently placed in separate instructional environments. The Individuals with Disabilities Education (IDEA) Rules and Regulations (1999) under the authority of the IDEA (1997) defines emotional disturbance as follows:

- (i) the term means a condition exhibiting one or more of the following characteristics

over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (34 CFR § 300.7 (c)(4)(i-ii))

Interviews were conducted with one administrator, one counselor or clinician, five teachers, and three paraprofessionals of each school who described the behavior of their students in great detail. They all verified the existence of the students' social, emotional, and behavioral problems. A critical examination of the school records of the students also revealed many references to incidents of the manifestation of the emotional disturbances. School staff and school records provided strong evidence that the students who exhibit these social, emotional, and behavioral problems are at great risk of experiencing personal crisis.

Most staff possessed limited understanding and skills to help students in crisis. Interviews were conducted with 36 staff members of JHS1 and JHS2 as to their skills in handling students in crisis and their undergraduate or graduate university training in crisis work. These discussions revealed that 32 of 36 felt that they were not fully skilled to

handle most crises. The writer then reviewed the college catalogs for graduate degrees in special education of 10 local colleges and found that none offered courses in crisis intervention. Thirty-two of 36 staff members felt that their school training did not fully prepare them for working with these types of crises. As a result of the staff interviews, the writer concluded that most staff saw themselves as inadequately equipped and as possessing little knowledge of strategies for crisis intervention.

Relationship of the Problem to the Literature

The topic areas researched for the literature review included crisis intervention, school violence, classroom management, teacher training, and teachers' perceptions. Certainly, it is evident that students' explosive behavior and staff's inability to help such students in crisis are of great concern in our country today.

The Council for Exceptional Children (1998) reported that approximately 3 million thefts and violent crimes occur on or near school campuses every year--nearly 16,000 incidents per school day or one incident every 6 seconds. The Center for Disease Control and Prevention (1997), as part of the Youth Risk Behavior Surveillance System, conducted a national school-based Youth Risk Behavior Survey that resulted in over 16,000 questionnaires completed by students in 151 schools. They found that 8.5% of students had carried a weapon on school property within a month preceding the survey and that 7.4% of students had been threatened or injured with a weapon on school property at least once during the 12 months prior to the survey. Kidspace, The National Center for Kids in Crisis (1999) conducted a nationwide survey in 1995 that reported 22% of 10- to 13-year-olds said that they sometimes change what they do or where they go during school hours to avoid kids or others who might physically threaten or harm them.

The Office of Juvenile Justice and Delinquency Prevention (1999) reported that

nearly 40% of high school students were in a physical fight during the past 12 months, 4% of high schoolers stayed home at least once in the past month because they felt unsafe at school or when traveling to or from school, and 33% of high school students had property stolen or vandalized at school. One of every four juveniles who will come to a juvenile court charged with a violent offense will have a court record by their 14th birthday. Allowing a single student to leave high school for a life of crime and drug abuse costs society \$2 million.

New York City compiles annual crime data based on reports from 1,100 schools. The data revealed that 28,534 incidents were reported on school grounds during the 1997-1998 academic year, a 30% increase over the previous year (New York City Board of Education, 1998). Because of the overwhelming statistics on school violence, the writer concluded that the problem of students' violent behavior was not isolated, random, or localized to this district. Concerns about youth in crisis extended far beyond the school environment.

School staff's inability to handle disruptive student behavior is a major challenge. There is relatively little in the literature that describes training for teachers to handle violent behavior in the schools. The Council for Exceptional Children (1998) reported that most special educators have little or no formal training in working with students in crisis. Few training institutions adequately prepare future teachers to handle student aggression (Furlong, Morrison, & Dear, 1994; Gable & Van Acker, 2000). Gable, Manning, and Bullock (1997) conducted a thorough examination of the Education Index and found "virtually nothing had been published between 1991-1995 on how teacher education institutions can prepare teachers to cope with the violence in today's schools" (p. 40).

Bullock, Fitzsimons, and Gable (1996) reported the findings of the Eagle Summit, a

study group of professionals from juvenile justice, general and special education, university research, and mental health. They identified school factors that exacerbate the problem of aggression and violence to be (a) changing demographics in today's schools; (b) overcrowding in schools; (c) lack of training and support for teachers to assist them in addressing critical behavioral issues; and (d) inadequacy of the school buildings, policies, and procedures. Teachers are being sent into the school system with an insufficient knowledge base and ineffective behavior management skills to address the violent and aggressive behaviors that are becoming the norm.

Teachers are in the front line when student disruption occurs, and their impressions and insights are important. Malone, Bonitz, and Rickett (1998) surveyed 3,800 teachers who reported that disruptive behavior results in lost teaching time spent trying to control the class, less effective teaching, more teacher-student conflicts, and lower teacher morale. In addition, the outcomes may lead to negative images of the school, parental dissatisfaction with the school, negative child self-image, and peer conflict. They reported the following primary reasons for disruptive behavior: (a) student's lack of training in social skills, (b) poor home life, and (c) boredom in the classroom. Disruptive behavior is truly a major challenge for school staff.

There has been considerable research (Bullock et al., 1996; Walker, Colvin, & Ramsey, 1995; Walker & Gresham, 1997) about the causes of student violence. Several risk factors have been described: (a) a family history of abuse or neglect; (b) poverty; (c) alcohol or drug abuse; (d) exposure to violence; (e) frustration, depression, and hopelessness; (f) inadequate or inconsistent child-rearing and management practices; and (g) media that glorify violence.

Identifying the predictors of youth violence is important for prevention and intervention. Hawkins et al. (2000) reported the results of the Office of Juvenile Justice

and Delinquency Prevention's (OJJDP's) Study Group on Serious and Violent Juvenile Offenders. OJJDP brought 22 researchers together for 2 years to analyze the latest research on risk and protective factors, including predictors of juvenile violence derived from the findings of long-term studies. They identified five domains of risk factors: individual, family, school, peers, and community. Individual factors included (a) pregnancy and delivery complications; (b) low resting heart rate; (c) internalizing disorders; (d) hyperactivity, concentration problems, restlessness, and risk taking; (e) aggressiveness; (f) early initiation of violent behavior; (g) involvement in other forms of antisocial behavior; and (h) beliefs and attitudes favorable to deviant or antisocial behavior. Family factors included (a) parental criminality, (b) child maltreatment, (c) poor family management practices, (d) low levels of parental involvement, (e) poor family bonding, (f) family conflict, (g) parental attitudes favorable to substance use and violence, and (h) parent-child separation. School factors included (a) academic failure, (b) low bonding to school, (c) truancy rates, (d) drop-out rates, and (e) frequent school transitions. Peer-related factors included delinquent siblings, delinquent peers, and gang membership. Community factors included (a) poverty, (b) community disorganization, (c) availability of drugs and firearms, (d) neighborhood adults involved in crime, (e) exposure to violence and racial prejudice.

Neglect and abuse of children are tragedies of great importance in this country. The National Clearinghouse for Abuse and Neglect Information (1999) reported that 1 million children were identified as victims of substantiated or indicated abuse or neglect in 1996, an 18% increase since 1990. In 77% of the child maltreatment cases, the assailants were parents; and in an additional 11% of the cases, the offenders were other relatives of the victim. Kidspace, The National Center for Kids in Crisis (1999) conducted a nationwide survey in 1995 that reported 25% of parents claim that sometimes their child makes them

so mad that they lose control. In addition, 33% of parents agree that, even though they would like to be better at parenting, they do not know how.

Some professionals believe that to address school violence at the school level is an attempt to only quiet the symptoms and not alleviate the cause. Steinberg (1996) argued that the main reasons for school crises occur outside of school, and these issues need to be addressed first. Goldstein, Harootunian, and Conoley (1994) reported, "We think the understanding of school violence requires such placement in societal context, since the levels, forms, and causes of aggression by youths in America's schools appear to parallel and reflect the levels, forms, and causes of aggression in our society at large" (p. 5).

Students with disabilities are themselves challenged and may pose particular challenges to others. A national study of suspensions and expulsions was conducted by Research Triangle Institute (as cited in Fiore & Reynolds, 1996). The researchers found, after an intensive study in which data were compiled on discipline issues in special education, that approximately 20% of suspended students were students with disabilities, a proportion much higher than their proportion in general education. In addition, students with emotional disorders were overrepresented among students with disabilities who were suspended.

There is evidence that educators who are ill-prepared to appropriately work with students who are most at risk for academic failure may resort to negative or coercive interactions. Shores, Gunter, and Jack (1993) found that, at times, staff become engaged in power struggles and punitive control, which exacerbate the problem. Positive social exchanges and meaningful relationships to increase a sense of belonging and bonding are more conducive to a positive school culture (Green, 1998; Hawkins et al., 1992). Traditional methods of detention, suspension, and expulsion to deal with problem behavior have an immediate short-term effect of suppressing behavior. However, these

methods have not been effective in the long term with students who exhibit chronic problem behavior (Gable, Quinn, Rutherford, Howell, & Hoffman, 1998; Walker et al., 1995). There is little evidence that these measures address the underlying issues that promote the development of aggression.

The 1997 reauthorization of IDEA stresses training teachers in violence prevention strategies, and developing positive interventions when working with students who have seriously challenging behaviors. The act dictates that when a student with a disability exhibits problem behavior that interferes with his or her learning or that of others, the IEP team shall "consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior" (IDEA Amendments, 20 U.S.C. § 1414 (d)(3)(B)(i)). When school officials propose disciplinary action against a student that involves suspension in excess of 10 school days, expulsion, or a change in placement, this act requires that the IEP team discover the compelling purposes behind the behavior, that is, the function of the behavior. The necessity of the functional behavior assessment (FBA) is described as follows:

If the local educational agency did not conduct a functional behavioral assessment and implement a behavior intervention plan for such child before the behavior that resulted in the suspension...the agency shall convene an IEP meeting to develop an assessment plan to address that behavior; or if the child already has a behavioral intervention plan, the IEP team shall review the plan and modify it, as necessary, to address the behavior (IDEA, 20 U.S.C. § 1415 (k)(1)(B)(i-ii)).

Because the law requires a FBA and a behavior intervention plan when suspension, expulsion, or a change in placement is contemplated, the necessity of including FBAs and behavior intervention plans in the education programs of these students is clearly implied (Yell & Shriner, 1997).

The process of a FBA is based on the fundamental belief that the mechanisms motivating and sustaining aggression are not the same for every student (Larson, 1994; Sugai et al., 2000; Wehby, 1994). Information is gathered in an effort to understand how the behavior serves as a useful function for the individual. A FBA assumes that behavior is a person's attempt to adapt to a specific situation. The goal is to discover this frame of reference and understand what purpose the behavior serves the child. A plan is developed that (a) changes aspects of the situation that give rise to the behavior, (b) teaches and reinforces more appropriate ways of meeting the student's needs through development of alternative prosocial behaviors, and (c) modifies the responses of other people to the behaviors so the problem behaviors do not result in "payoffs" for the child while adaptive behaviors do (Blader, Nissen, Fleiss, & Kurtz, 2000; Gable et al., 1998; Sugai et al., 2000; Van Acker, 1998).

Nelson, Roberts, Mathur, and Rutherford (1999) reported that teachers and personnel in schools do not have the training or knowledge to adequately conduct FBAs. They concluded that public policy has exceeded the existing FBA knowledge base. Nevertheless, staff are required to conduct FBAs and to develop behavior intervention plans to comply with the requirements of the 1997 reauthorization of IDEA.

This literature review demonstrated that the problem of students in crisis and lack of training for professionals are national concerns. There are complex reasons for violent behavior related to the individual, family, school, peers, community, culture, and society. Students with emotional and behavioral disorders pose a higher risk for chronic behavior problems than general education students. In this context, the 1997 reauthorization of IDEA mandates that the IEP team conduct a FBA of the behavior problem and implement a positive behavior intervention plan using positive behavioral supports for students with disabilities whose chronic behavior problems impede learning for themselves or others.

Teacher preparation programs do not adequately prepare staff to intervene with students in crisis. Staff are not equipped to discover the cause of the behavior problem or to develop an intervention plan which will remedy it. In conclusion, there is a critical need for professional training in handling student crises that addresses the core reasons for the problem behavior, as well as for developing positive strategies to prevent future occurrences of similar behaviors.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal was that educational staff who work with emotionally disturbed students in the 11 to 15 age range would be better able to help students in crisis and, therefore, experience a decrease in students' inappropriate behavior. The writer expected to decrease the frequency of crisis incidents and the cognitive-behavioral-emotive manifestations of the students' emotional disturbances.

Expected Outcomes

As previously stated and described, this practicum involved two schools; JHS1 was the experimental group and JHS2 was the control group. The following were the projected outcomes:

1. There will be a greater decrease in the number of student crises at JHS1 than JHS2 at the 5% level of significance.
2. There will be a greater decrease in suspensions at JHS1 than at JHS2. There will be five less suspensions at JHS1, while there will be one less suspension at JHS2.
3. There will be more students transferred to a less restrictive environment at JHS1 than at JHS2. JHS1 will have one student transfer to a less restrictive environment, while JHS2 will have no students transfer to a less restrictive environment.
4. The staff of JHS1 than at JHS2 will feel better prepared to handle students in crisis. Staff interviews of both schools will indicate that 8 of 16 staff members of JHS1 will feel able to handle students in crises, while 2 of 16 staff members at JHS2 will feel able to handle students in crises.
5. The students at JHS1 will achieve greater academic gains than students at JHS2. Pretests and posttests of the Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995) will be administered and JHS1 will achieve greater gains than JHS2 at the 5% level

of significance.

6. The students at JHS1 will achieve greater gains in behavioral and emotional strengths than students at JHS2. Pretests and posttests of the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998) will be administered and JHS1 will achieve greater gains than JHS2 at the 5% level of significance.

7. The students at JHS1 will achieve greater gains in self-esteem than students at JHS2. Pretests and posttests of the Self-Esteem Index (Brown & Alexander, 1991) will be administered and JHS1 will achieve greater gains than JHS2 at the 5% level of significance.

8. The staff at JHS1 will have greater job satisfaction than the staff at JHS2. Pretests and posttests of the Staff Satisfaction Survey (see Appendix A) will be administered and JHS1 will achieve greater gains in job satisfaction than JHS2 at the 5% level of significance.

Measurement of Outcomes

The writer determined whether the outcomes had been achieved by examining certain data at each school during the 1999-2000 school year as compared to the 1998-1999 school year. Available data were also compared between schools (JHS1 and JHS2) during the same time period.

Outcome 1. The crisis intervention room logs of both schools were tallied during the implementation period and comparisons were made between JHS1 and JHS2. Comparisons were made within schools from 1998-1999 compared to 1999-2000. There would be a greater decrease in student crises at JHS1 than at JHS2 at the 5% level of significance as analyzed by a mixed effects ANOVA.

Outcome 2. The suspension reports of both schools were tallied during the implementation period and comparisons were made between JHS1 and JHS2.

Comparisons were made within schools from 1998-1999 compared to 1999-2000. There would be five less suspensions at JHS1, while there would be one less suspension at JHS2. The number of suspensions as well as the percent of the suspensions per number of students were recorded and compared.

Outcome 3. The student transfer data of both schools were tallied during the implementation period and comparisons were made between JHS1 and JHS2.

Comparisons were made within schools from 1998-1999 compared to 1999-2000. There would be one student transferred to a less restrictive environment at JHS1, while there would be no students transferred to a less restrictive environment at JHS2. The number of student transfers as well as the percent of transfers per number of students were recorded and compared.

Outcome 4. Staff were interviewed at the end of the implementation period with regard to their perception of skill and confidence levels in their ability to handle a student crisis. It is anticipated that staff interviews would indicate that 8 of 16 staff members of JHS1 would feel able to handle students in crisis, while 2 of 16 staff members at JHS2 would feel able to handle students in crisis.

Outcome 5. A pretest in November 1999 and a posttest in May 2000 of the Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995) were administered to each student at JHS1 and JHS2 by their teachers with the hypothesis being that JHS1 would record greater gains in reading than JHS2 at the 5% level of significance.

Outcome 6. A pretest in November 1999 and a posttest in May 2000 of the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998) were recorded by the guidance counselor of the students in JHS1 and JHS2. The writer hypothesized that greater gains, at the 5% level of significance, in behavioral and emotional strengths as measured by the Behavioral and Emotional Rating Scale would be recorded at JHS1 than

at JHS2.

Outcome 7. A pretest in November 1999 and a posttest in May 2000 of the Self-Esteem Index (Brown & Alexander, 1991) were administered to each student in JHS1 and JHS2 by their teachers. The writer hypothesized that greater gains, at the 5% level of significance, in self-esteem as measured by the Self-Esteem Index would be recorded at JHS1 than at JHS2.

Outcome 8. A pretest in October 1999 and a posttest in May 2000 of the Staff Satisfaction Survey were administered to each staff member at JHS1 and JHS2. It was anticipated that greater gains, at the 5% level of significance, in staff satisfaction would be recorded at JHS1 than at JHS2.

Qualitative data in the form of observations and interviews were recorded in a journal and reported in a summative format.

Chapter IV: Solution Strategy

Discussion and Evaluation of Solutions

The problem to be solved in this practicum was that the educational staff who work with emotionally disturbed students, in the age range of 11 to 15 years, were not able to help such students in crisis and, therefore, the students' inappropriate behavior continued. Two special education schools had been established within the past year to serve emotionally disturbed youth. These students, at times, experienced personal crises and exhibited behaviors that were dangerous to themselves or others, destructive to property, disruptive to the ongoing program, and inhibitive to the educational development of themselves and others. Pedagogical staff did not feel that they possessed the knowledge and skills to help students during their personal crises. There was a need to better prepare school staff working with students who have chronically challenging behaviors. The literature review of solution strategies included the topics of crisis intervention, behavior management, FBA, teacher training, staff development, and parent training.

There is a critical need for teachers to be trained in crisis intervention. The Council for Exceptional Children (1998) reported that special educators have a crucial role when their students are experiencing personal crises. Because of the close ties that often exist between child and teacher, the special educator may be a student's first confidant. Therefore, when a crisis occurs, the educator must know how to provide emotional support as well as academic instruction. Callahan (1998) echoed this concern by relating that teachers are the ones most involved with students during a crisis. The outcome of any crisis is determined by the student and the key figures in the child's environment. Therefore, teachers must be schooled in crisis intervention. Crespi (1988), Louvis (1990), and Morse (1996a) reported that the crisis intervention teacher must be proficient in

multifaceted therapeutic methodologies because of the complexity of the students' needs when they are in crisis.

A close look at current legislation regarding students who exhibit challenging behaviors is important. Amendments to the IDEA became law on June 4, 1997. These amendments presented positive behavior support and FBA, new initiatives of critical importance to the education of children whose behaviors violate school codes of conduct or are outside personal or interpersonal norms of acceptable social behavior: In response to disciplinary actions by school personnel, the IEP team should, within 10 days, meet to formulate FBA procedures to collect data for developing a behavior intervention plan. If a behavior intervention plan exists, the team must review and revise it as necessary, to ensure that it addresses the behavior on which the disciplinary action is predicated. States shall be required to address the needs of in-service and pre-service personnel, who provide special education, general education, related services, or early intervention services, as they relate to developing and implementing positive intervention strategies.

While the IDEA legislation requires the development of FBAs there is nothing either in Federal Law or the Department of Education practice that delineates the process of that development. For that information one must look to the behavioral sciences. Shultz and Shultz (2000) described the radical and methodological behaviorists, the two main schools of behaviorism. The radical behaviorists (e.g., Skinner) are homogeneous in their model of Antecedent -> Behavior -> Consequence. Thought and emotion are not given importance, and experiments with animals and developmentally delayed humans are cited to demonstrate success with this model. The methodological behaviorists, on the other hand, consist of a heterogeneous group of theoreticians (e.g., Ellis, Beck, Meichenbaum) who believe that thought and emotion are central to understanding human interactions. The success of this model was demonstrated by studies with highly functional humans.

FBA, in the methodological behaviorist approach, has been defined as the process of gathering information regarding the biological, social, affective, and environmental factors that reliably predict and maintain problem behavior in order to develop effective behavior intervention plans (Quinn, Gable, Rutherford, Nelson, & Howell, 1998; Sugai, Lewis-Palmer, & Hagan, 1998). These factors consist of (a) setting events (i.e., circumstances, situations, or events already in place before the antecedents that make it more likely that problem behaviors will occur), (b) antecedents (i.e., events or actions that immediately precede and predict problem behaviors), (c) motivation (i.e., the goal or purpose the behavior is meant to serve), and (d) consequences (i.e., events or actions that occur as a result of problem behaviors that reinforces or suppress the behaviors).

FBA was originally developed for individuals with developmental disabilities who exhibited challenging behaviors. The problem behavior of lower functioning students often serves a communicative function which can be discovered through the FBA process (Crimmins & Woolf, 1997; Durand, 1990). Extending the FBA to higher functioning students with problem behavior requires changes and refinements of the original assessment process because of the differences between these students and students with developmental delays (Dunlap et al., 1993; McGowan, 2000). The problem behavior of higher functioning students with challenging behaviors may be quite complex, therefore the process becomes more difficult.

McGowan (2000) explained the traditional FBA model and expanded it to include higher functioning students who exhibit problem behaviors. Antecedent events are examined in two categories: proximal (short-term) and distal (long-term). The proximal antecedent events include anything in the environment that "immediately precedes the behavior of interest and is meaningfully connected to the occurrence of the behavior of interest" (p. F17). Examples are a directive, reprimand, opportunity, and teaching-style

and learning-style mismatch. The distal antecedents, or setting events, are “any circumstances or conditions which have existed for at least some time before the occurrence of the behavior of interest and are meaningfully connected to the occurrence of the behavior of interest” (p. F17). McGowan described six domains of setting events: (a) the impact of recent and ongoing events, (b) family status and process issues, (c) the history of the behavior, (d) skill or performance deficits, (e) physical or medical issues and (f) cognitive processing habits. The first five setting events are filtered through the cognitive processing habits to impact upon the motivation of the behavior.

McGowan (2000) described the motivation of a behavior of interest as the “goal which it sets out to achieve” (p. F18). This is also known as the function of the behavior. Challenging behaviors are often driven by one of the following goals: to get something, to get away from something, to communicate a message, to produce a pleasant feeling, or to reduce an unpleasant one. The motivation is contained or embodied in the emotion that drives the behavior of interest. Thus, for example, fear embodies the motive of escape, and anger seeks to eliminate or remove.

In a FBA it is important to clearly describe the behavior of interest in observable, measurable, and specific terms (e.g. who, what, where, when, etc.). The behavior results in a consequence which will increase, decrease, or have no effect on the likelihood of the behavior being repeated. The consequence of a behavior of interest is any environmental or internal change that is a direct result of that behavior of interest. McGowan (2000) explained, “The actual effect of any such changes on a given individual, however, can not be determined beforehand. The only way to determine their effect is to observe that person’s ongoing behavior patterns” (p. F19).

This model with its consideration of the cognitive processes, emotions, and the underlying motivations is supported by the methodological behaviorists. Rational-

Emotive-Behavioral Therapy (Ellis, 1999; see also Rational Therapy and Rational Emotive Therapy; Ellis, 1962, 1980) and Cognitive Therapy (Beck, 1976; Meichenbaum, 1977) emphasize the negative biases and distortions in thinking which are prevalent in individuals who experience emotional disturbances. Ellis (1980) developed the ABC mode to understand this process: "A" symbolizes an activating event, "B" depicts the beliefs or the way that the perceived event is evaluated, and "C" represents the emotional and behavioral consequences that result from "B." This extremely interdependent and interactive triad of cognition, affect, and behavior produces a highly stable self-fulfilling prophesy remarkably resistant to change. "People are disturbed not by things, but by their view of things" is the quote from Epictetus (100 A.D.) that crystallizes the philosophy of Rational-Emotive-Behavioral Therapy.

Beck (1976) emphasized the importance of cognitive therapy approaches, in that they

alleviate psychological distress through the medium of correcting faulty misconceptions and self-signals. The emphasis on thinking, however, should not obscure the importance of the emotional reactions which are generally the immediate source of distress. It simply means that we are getting to the person's emotions through his cognitions. By correcting erroneous beliefs, we can damp down or alter excessive, inappropriate emotional reactions. (p. 214)

Goleman (1995) and Lazarus (1991) asserted that emotion is the crucial component in the motivation of behavior. Lazarus described four important propositions that can be learned about a person from that individual's emotional reaction:

First, given the premise that emotions are rule-based phenomena rather than chaotic, the quality and intensity of an emotion can tell us about ongoing relationships between persons and their environments....

Second, emotions also can tell us about what is important and what is unimportant (i.e. as in a goal hierarchy) to a person in an encounter or in life. We do not get emotionally upset about unimportant events....

Third, by observing how a person characteristically appraises relationships with the environment, and the emotions this results in, we can discover much about the person's beliefs about self and the world....

Fourth, an emotion can tell us about how a person has appraised (evaluated) an encounter with respect to its significance for well-being. (p.22)

Incorporating the emotional reaction and underlying motivation into the assessment process is essential because they provide key information regarding the unique personal function of the behavior. The FBA is an individualized approach which considers a combination of the behavioral, cognitive, and affective functions of a student's behavior. The FBA drives the development of positive behavioral interventions and supports that impact into each of these areas as well (Quinn et al., 1998).

A behavior intervention plan is formulated after a hypothesis has been developed as to the function and reinforcers of the behavior. Sugai et al. (1998) described the goal of a behavior intervention plan to make the problem behavior: (a) less effective, by anticipating and neutralizing setting events and removing antecedents that trigger problem behavior, (b) less efficient, by selecting alternative more prosocial behaviors that require less effort to attain the reinforcers that maintain problem behavior, and (c) less relevant, by decreasing access to consequences that maintain problem behavior and increasing access to consequences that maintain acceptable replacement behaviors. After a behavior support plan is developed, the specific roles of each member of the IEP team are delineated. The plan is put into effect and is redesigned or updated periodically based on feedback as to the student's progress toward the goals. Sugai et al., (2000) emphasized

the use of positive behavior supports, that is, those strategies which use "teaching as a central behavior change tool and focuses on replacing coercion with environmental redesign to achieve durable and meaningful change in the behavior of students" (p. 8).

The components of the FBAs and behavior support plans have been closely examined because student crisis behavior clearly impedes learning. At the core of a FBA is the necessity of reliable and valid information regarding the occurrence and likely causes of chronic problem behavior as well as the resulting viable behavior intervention plans. The following literature review regarding crisis, crisis intervention, and crisis intervention programs will take the mandates of the reauthorization of IDEA as the rubrics for analysis and evaluation.

The term "crisis" has multiple meanings and connotations, ranging from natural disasters to hostage situations to personal crises experienced by individuals. Most formal definitions of "crisis" concentrate on the emotional state and perceptions of the individual(s) involved instead of the causal situation (Pitcher & Poland, 1992). The classic definition of crisis was proposed by Caplan (1964):

Crisis involves a relatively short period of psychological disequilibrium in a person who confronts a hazardous circumstance that for him constitutes an important problem which he can for the time being neither escape nor resolve with his customary problem-solving resources...every crisis presents the opportunity for psychological growth and the danger of psychological deterioration [italics added].
(p. 53)

This is consistent with the definition of crisis proposed by Morse (1996b) related to students experiencing personal crises in school:

A crisis is precipitated by overloading the student's capacity to cope. It may be generated by external demands in the environment such as the academic or

behavioral tasks he is given. Or it may be in consequence of internal perceptions, distorted or accurate. The student's coping failure is of such an intensity that he cannot be supported by the typical supporting tactics which teachers use day in and day out. (pp. 420-421)

Crisis intervention, in this context, is the process whereby trained staff attempt to restore the individual's psychological equilibrium by improving the students' coping skills and offering new alternatives for handling the troubling situation and the stress that it has created (Smead, 1985). Crisis intervention as a clinical technique consists of short-term, applied interventions that are not encompassed under the umbrella of traditional psychotherapy (Pitcher & Poland, 1992).

Crisis may originate from three sources: situational, transitional or developmental, and cultural or social origins (Fairchild, 1997; Hoff, 1995; Long & Morse, 1996; Slakeu, 1990). Situational crises are accidental or unexpected and may originate from three sources: (a) material or environmental disasters, (b) personal or physical, and (c) interpersonal or social. Redl and Wineman (1957) and Redl (1966) found that situational crises occur in every ongoing group situation with children and youth, and these crises can be used in therapeutic ways to help children cope with their reality frustrations, interpersonal conflicts, and personal problems. Developmental crises are those predictable stress periods or transitional stages that all children and youth experience. Examples are adapting to school, making friends, belonging to groups, becoming independent, accepting physical development, developing sexual identity, and evolving values and beliefs. Fairchild (1997) and Hoff (1995) described cultural or social structural crises as originating outside of a person. These are due to deviant acts of others as well as a clash of cultural values and the social structure including discrimination based on race, gender, disability or sexual identity.

Crisis is frequently conceptualized as both danger and opportunity (Aguilera, 1998; Hoff, 1995; Palmatier, 1998; Pitcher & Poland, 1992; Slaikau, 1990; Wood & Long, 1991). According to crisis theory, each crisis in the life of a individual may be an opportunity for change and growth. Nelson and Slaikau (1990) stated,

When a child cannot cope with a situation, whether it be the divorce of a parent, the death of a close friend, or moving to a new community, he/she will be, for a time, vulnerable as well as highly suggestible, as if looking for new ideas, new ways of conceptualizing (understanding) what is going on, and new skills to manage the disruptive feelings and behavior. (p. 329)

This framework is consistent with the philosophy of crisis intervention in the schools as described by Morse (1996b), "the essential nature of crisis intervention is to use the emotional potency of the contemporary charged situation to help the youngster understand what he is feeling and what can be done" (p. 421). Long and Morse (1996) emphasized the importance of staff perceptions and corrective responses, "when a student crisis occurs, it is to be perceived by staff as a unique opportunity for change and not as a disaster to be avoided. It is a time for benign instruction and not a time for punishment and student alienation" (p. 436).

The Positive Education Program (1995) portrayed crisis as a predictable and sequential five-phase process of (a) calm to triggering event, (b) escalating behavior, (c) crisis intervention, (d) deescalating behavior, (e) recovery. There are three possible outcomes at the recovery stage: the student is unchanged and has not experienced growth; the student has been damaged by the experience and less able to handle future stressful situations; or, the student has grown from the experience and learned insight and more constructive responses to stress.

A review of the literature revealed three national training programs in crisis

intervention: Therapeutic Crisis intervention, Crisis Prevention Institute, and Life Space Crisis Intervention. The philosophy and major components of each program will be delineated.

Therapeutic Crisis Intervention was developed by Cornell University in 1980 as a response to a 1979 study of child abuse and neglect occurring in institutional settings (Residential Child Care Project, n.d.). The findings associated with the incidence of abuse and neglect included the inappropriate use of discipline, isolation, restraint, and poor management practices. In 1982, the Residential Child Care Project, as part of the Family Life Development Center, was established to disseminate model techniques in the prevention of institutional child abuse and neglect. Therapeutic Crisis Intervention training was developed to address these issues and concerns.

Therapeutic Crisis Intervention is a highly structured three-day course designed for residential care workers. The Therapeutic Crisis Intervention Curriculum (Budlong, Holden, & Mooney, 1993) consists of five modules: (a) Crisis as Opportunity, (b) Awareness, (c) Early Intervention, (d) Therapeutic Physical Intervention, and (e) Recovery. The first module defines crisis as an opportunity for the child to learn more adaptive coping skills and examines intervention approaches and effective training techniques. The second module teaches adult self-control through awareness of personal feelings and values, the child's needs and wants, and the environmental effects on behavior. The third module describes behavior management techniques (Redl & Wineman, 1952), active listening strategies, Life Space Interview (Redl, 1959a, 1959b; Redl & Wineman, 1957), and conflict resolution strategies. The fourth module consists of methodology for physical restraint. The fifth module describes post-restraint strategies using the Life Space Interview to help the child learn new coping skills and to help the adults learn from the crisis situation. The Life Space Interview (Redl 1959a, 1959b; Redl

& Wineman) model used in Therapeutic Crisis Intervention consists of seven steps with the acronym "I ESCAPE." Isolate the child, Explore the child's point of view, Share staff's view, Connect behavior to feelings, Alternate behaviors discussed, Plan developed, and Enter child back into routine.

Therapeutic Crisis Intervention is conducted by trainers who have completed a 5-day "train the trainer" program. Nunno, Holden, and Leidy (2000) reported that there are currently 5000 residential child care staff registered as Therapeutic Crisis Intervention trainers throughout North America, the United Kingdom, Russia, Australia, and Ireland. An 18-month study (Nunno et al.) was conducted in 1994 on the impact of the implementation of Therapeutic Crisis Intervention within a medium-sized residential child care facility. There was a substantial reduction of critical incidents and physical restraint episodes in one unit, and an increase in staff knowledge, confidence, and consistency of staff interventions throughout the facility

Nonviolent Crisis Intervention, a training program developed by the Crisis Prevention Institute, Inc. (Caraulia & Steiger, 1997) reported training over a million human service professionals since 1980. The Crisis Prevention Institute Crisis Development Model is based on understanding that the crisis evolves through a series of stages. The critical staff response at each stage has an effect on the outcome. The crisis stages are (a) anxiety, (b) defensive, (c) acting-out, and (d) tension reduction. The optimum staff responses are, respectively, (a) supportive, (b) directive, (c) nonviolent physical crisis intervention or non-harmful restraint, and (d) therapeutic rapport. Verbal and non-verbal techniques are presented to effectively defuse mounting hostility. The program's underlying philosophy is to provide the care, welfare, safety, and security of everyone who is involved in a crisis situation (Caraulia & Steiger, Wyka & Gabriel, 1983). A literature review produced no research studies regarding the efficacy of Crisis

Prevention Institute strategies.

Crisis Prevention Institute offers 1-day workshops which emphasize early intervention. The content includes knowledge of the warning signs for escalating behavior and the use of verbal and non-verbal techniques to avoid violent confrontations. Crisis Prevention Institute also offers 2-day workshops which teach restraint and transportation techniques, as well as team crisis intervention strategies. There is a 4-day instructor certification program to train the trainer after completion of the 2-day program.

Life Space Crisis Intervention (LSCI) is a multi-theoretical, multi-dimensional, psycho-educational approach to students in crisis (Long & Fecser, 1997, 2000; Long, Wood, & Fecser, 2001, Wood & Long, 1991). LSCI is a systematic, formatted response to a student's crisis, based on cognitive, behavioral, psychodynamic, and developmental theory. It is based on the belief that crisis is an opportunity to initiate a therapeutic discussion shortly after the conflict occurs. The basic suppositions are that the LSCIs reveal the core reasons for chronic behavior problems, as well as promote student insight, and develop more adaptive behavior which can be generalized to other school settings with assistance from the IEP team. The authors believe that the staff who work directly with students in their natural settings have the greatest opportunity to intervene in a therapeutic way during a student crisis that will make lasting change.

The roots of LSCI are derived from the work of Aichorn (1935) a Viennese educator and psychoanalyst who translated psychoanalytic concepts into operating principles useful in treating delinquent youth. Redl, a student of Aichorn's, collaborated with Wineman, a social worker, on several projects with aggressive youth outside of Detroit (Redl & Wineman, 1951, 1952, 1957). They developed the Marginal Interview for direct service staff to use with students in crisis. The term "marginal" distinguished this interview from psychotherapy. The Marginal Interview became the Life Space

Interview (Redl, 1959b, 1966), indicating that it took place in the "here and now," the real life setting and not in the therapist's office during a planned therapy session.

Morse established an interdisciplinary training center for psychiatry, psychology, social work, and special education in 1952 sponsored by the University of Michigan. Long, a graduate student of Morse, received his initial training by Redl at this center. Long became the Director of the Children's Treatment Center, the residential component of Redl's research project. The model was further developed to extend beyond its clinical setting into the educational environment where it could be used by teachers (Long, Morse, & Newman, 1965). Wood, founder of the Developmental Therapy Center in Georgia, collaborated with Long to develop a text of this crisis intervention process, and the name changed from Life Space Interview to Life Space Intervention (Wood & Long, 1991) to more clearly identify the technique as a tool for change rather than a clinical assessment. In the early 1990s, Long collaborated with Fecser, director of the Positive Education Program (Cleveland, OH), to develop a training program. Life Space Intervention became Life Space Crisis Intervention (Long & Fecser, 1997, 2000; Long et al., 2001) to reflect its application in school and treatment centers.

The Life Space Crisis Intervention Institute (Hagerstown, MD) directs the national and international training program which currently has 114 trainers and has trained over 5000 individuals. The LSCI course (Long & Fecser, 1997, 2000) is a highly structured training program designed for staff who work with emotionally disturbed children and youth in educational, residential, mental health, and correctional settings. There are two models for training: the institute model consists of five sequential days of training; the in-service model consists of six days spread out over several weeks. LSCI is a certificate bearing program based on the successful completion of 26 competencies. The authors have restricted enfranchisement to those practitioners who have met the authors'

rigid requirements and whose recertification is evaluated and mandated every three years. The authors claim this is the hallmark for maintaining the integrity of their program.

The following information is from the LSCI course curriculum (Long & Fecser, 1997, 2000; Long et al., 2001; Wood & Long, 1991) unless otherwise cited. The therapeutic discussion between the adult and student is initiated as soon as possible after the conflict occurs. The outcome goals are to help the student: (a) identify self-defeating patterns of thinking, feeling and behaving; (b) gain insight into chronic behavior problems; (c) assume responsibility for behavior; (d) develop more adaptive ways of responding to similar circumstances in the future; (e) transfer new learning to other settings within the school with a supportive team approach; and (f) learn to trust caring adults and use them for support in time of crisis.

The model consists of six sequential stages:

1. Students Crisis: Student is in crisis and the adult de-escalates student's intense emotions.
2. Student Timeline: Student tells the adult his/her perception of the crisis with the assistance of the adult's directed questions and responses using empathy, affirmation, clarification, reassurance, non-verbal cues, attending, decoding, and probing skills.
3. The Central Issue: Adult determines if the crisis represents one of the six LSCI patterns of self-defeating behavior.
4. Student Insight: Through the LSCI process student gains insight and accountability into his/her pattern of self-defeating behavior.
5. Student New Skills: Staff teaches student the empowering skills to overcome his/her pattern of self-defeating behavior.
6. Student Transfer of Training: Staff consults with other staff members and contracts skills to help the student re-enter the classroom and to reinforce and generalize

his/her new social skills.

The first three stages involve de-escalation and diagnostic skills. The staff may make a decision manage the crisis with a short-term intervention, which involve routine management practices, in order to return the student back into the program. However, if this particular crisis shows a characteristic pattern of self-defeating behavior, the preference may be to proceed with a more intensive intervention, which Redl called "clinical exploitation of life events" (Redl & Wineman, 1957, p. 488). The last three stages involve reclaiming strategies to help the student gain insight into the nature of the problem, teaching new skills, and collaborating with staff to ensure generalization or transfer of training.

The six LSCI reclaiming interventions are based on six types or patterns of self-defeating behavior that are common among children and youth with emotional and behavioral disabilities. They are summarized as follows:

1. Imported problems: The Red Flag Intervention. Student carries in a home or community problem and displaces it on the staff.
2. Errors in perception: The Reality Rub Intervention. Student reacts because of errors or distortions in thinking or perceiving a situation.
3. Delinquent pride: The Symptom Estrangement Intervention. Student is purposely aggressive and exploitive toward others while justifying his/her actions and even casts himself/herself in the role of the victim.
4. Impulsivity and guilt: The Massaging Numb Values Intervention. Student reacts impulsively, and afterwards is burdened by intense feelings of guilt and self-punishment.
5. Limited social skills: The New Tools Intervention. Student has the right attitude or the correct intention, but still lacks appropriate social skills.

6. Vulnerability to peer influence: The Manipulation of Body Boundaries

Intervention. This pattern involves two diagnostic variations. The first involves a student exploited under the guise of false friendship; the second involves a "set-up" by subtle provocation of an aggressive student by an intelligent passive-aggressive student.

Central to every LSCI is the paradigm of the Conflict Cycle developed by Long (1965, 1996). The Conflict Cycle describes the interactions among the student's stress, negative thoughts or irrational beliefs, feelings, behavior, and adult and peer reactions. A circular diagram is used to demonstrate the cyclical nature of the interactions, and also to indicate how a student in crisis will shape staff behavior by recreating dysfunctional feelings in the adult. Staff who are unaware of the dynamics of the student's conflict may end up mirroring the student's behavior and escalate the situation. The Conflict Cycle is the cognitive-emotive-behavioral framework for the conceptualization of the interaction.

There is very little empirical research on Life Space Interviewing (LSI), except for anecdotal and descriptive recordings. Naslund (1984) conducted a longitudinal, data based study of quantitative and qualitative changes in 28 elementary-age students who were classified as emotionally disturbed. The study was conducted for the period of one school year and LSI was used as a major treatment strategy throughout this school for emotionally disturbed students. The results demonstrated a significant decrease in the students' loss of self-control, an increase in classroom work, and an increase in more adaptive behavior. Naslund (1987) commented, "Use of crisis decreased substantially at the end of the year for the total MR/ED population. Most students demonstrated an improved ability to apply logic to problem-solving situations and to proceed with plans of action rather than to act by impulse alone" (p. 13).

Long and Morse (1996) described the benefits of LSCI for staff to be: "feeling empowered as professionals, learning successful ways of deescalating a crisis and

different strategies of responding therapeutically, developing more supportive staff relationships and providing a safer school environment" (p. 437).

LSCI is a multi-theoretical approach in its conceptualization and implementation. It is based on cognitive, behavioral, developmental, and psychodynamic theory. Quinn et al. (1998) recommended that a combination of techniques be used to address behavioral, cognitive, and affective functions of a student's behavior and advocate the development of positive behavioral interventions and supports that tap into each of these areas as well. This is in agreement with the fundamental premise of "multi-modal therapy" proposed by Lazarus (1981). The multi-modal approach offers a comprehensive assessment-therapeutic *modus operandi* which attends to the client's BASIC I.D. (Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationships, Drugs or Biological factors). The goal is to best fit the treatment to the client.

A basic premise of crisis intervention theory is that immediately after the crisis a window opens to "the teachable moment." Long, Fecser, and Brendtro (1998) explained, there are many clinical advantages of being with a student at the peak of his or her anger, depression or regression, particularly if the crisis represents an unresolved psychological issue. Participating in this crisis process is like observing the student in a Rorschach test—except the material is not symbolic, but an actual expression of his psychological status. This experience can open a window of opportunity to observe and document the student's irrational beliefs, aggressive impulses, reality testing, level of anxiety, defense mechanisms, feelings of guilt and shame, and coping skills. It highlights the student's characteristic way of perceiving, thinking, feeling and behaving, and his pattern of self-defeating behavior. (pp. 12-13)

The first stage of the LSCI is the drain-off or de-escalation stage. The adult mediates the student's stress, intense thoughts and feelings, and inappropriate behavior

through "emotional first aid" (Wood & Long, 1991; Redl, 1966) to put emotions and behavior under rational management. The adult uses affirmation, reassurance, validation, and decoding to support the student towards the goal of using rational words to replace behavioral expression of feelings as the means of communication. This is a behavioral intervention plan in and of itself. The drain-off is a behavioral shaping procedure in which the adaptive aspects of the student's behavior are strengthened by positive reinforcement while, at the same time, the negative aspects are reduced by extinction. The escalating intensity of the crisis is reduced because the emotions have been affirmed, thus recognizing and acknowledging the driving motive of the interaction. The drain-off is also a structured behavioral observation in that the form, intensity, and duration of the inappropriate behavior are observed as is the pattern of the de-escalation process itself. The misperceptions driving the emotional outburst are carefully elicited during this stage and the subsequent stages.

The 1997 reauthorization of IDEA requires a FBA be completed to discover the reasons, or functions of chronically challenging behavior. To do this detective work, several steps need to be taken. The behavior needs to be clearly defined with investigation of antecedent and setting events, motivation, and consequences (McGowan, 2000). This sequence of events is discovered during the Timeline, the second stage of the LSCI process. This stage uses the paradigm of the Conflict Cycle as a model for exploration of the incident from the student's point of view. The Conflict Cycle is a circular model in which a stressful event (Antecedent event) is activated by a student's negative thoughts and irrational beliefs (Setting events) which trigger a feeling (Motivation), which drives the student's behavior and results in a peer and adult reaction (Consequence). McGowan (2001) juxtapositioned the Conflict Cycle model with the requirements of a FBA to demonstrate the match. The Timeline provides the topography

of the Antecedent -> Behavior -> Consequence sequence necessary for a FBA. Critical setting events may emerge during the Timeline Stage, including the impact of recent and ongoing events, family status and process issues, history of the behavior, skill or performance deficits, physical or medical issues, and most importantly, cognitive processing habits (McGowan, 2000).

The LSCI model embraces the cognitive theory of Ellis and Beck in that the student's perception of the crisis is explored to discover the underlying thoughts and irrational beliefs that are triggered by the event. The LSCI interviewer attempts to uncover the cognitive processing habits of the student. DeRubeis and Beck (1988) proposed "in order to understand the nature of an emotional episode or disturbance, one must focus on the cognitive content of one's reaction to the upsetting event or stream of thought" (p. 273).

The underlying motivation and emotions are examined during the LSCI Timeline. The importance of emotions and their driving motivational power have been described by Goleman (1995) and Lazarus (1991). Lazarus proposed,

From an emotional reaction we can learn much about what a person has at stake in the encounter with the environment or in life in general, how that person interprets self and world, and how harms, threats, and challenges are coped with. No other concept in psychology is as richly revealing of the way an individual relates to life and to the specifics of the physical and social environment. (p. 7)

Stage Three, the Central Issue, is the decision-making step for selecting one of six LSCIs. It is a determination by the interviewer if the issue is representative of the student's chronic pattern of perceiving, thinking, feeling, and behaving or is merely a situational conflict. If the issue is characteristic of chronic behavior problems, a hypothesis is developed and a reclaiming intervention is selected based on a differential

diagnosis from information learned in the Timeline.

During Stage Four, one of the six LSCI interventions is carried out. The student is lead to insight by a review of the Timeline with the Socratic method of questioning. The hypothesis is tested by the interviewer for accuracy and acceptance. The goal is to promote insight into the self-defeating pattern of behavior. Jones (1992) asserted that school-based, insight-oriented treatment programs implemented by teachers are beneficial for seriously emotionally disturbed students.

In LSCI Stage Five New Skills highlights replacing maldadaptive behavior with more appropriate pro-social behavior through teaching, modeling, and role playing. Wood and Long (1991) explained the reason for this stage was "to help the students plan for resolving the current problem and avoiding repeats in the future. It teaches them to anticipate problems and expands their behavioral responses. This step could be called 'rehearsal,' for that is exactly what is done" (p. 142). Long and Fecser (1997, 2000) recommended that the interviewer be familiar with Pro-Social Skill Training and the teaching process developed by Goldstein (1988), McGinnis, Goldstein, Sprafkin, and Gershaw (1984); and Walker, Todis, Holmes, and Horton (1988).

Social skills training programs, when presented as a "one size fits all" curricula scheduled by the school calendar, have continually been plagued by problems with maintenance and generalization to real world settings and situations (Beelman, Pfingstgen, & Losel, 1994; Gresham, 1997; Kavale & Forness, 1996). Hansen, Nangle, and Meyer (1998) posited, "the more socially valid the goals and treatment, the more likely the effects will generalize and maintained" (p. 494). Gresham contended that "social behavior, by definition, occurs in a context, and as such any intervention that does not take this context into account will encounter major difficulties in generalization" (p. 245). The Stage Five of the LSCI intervention focuses on the deficit social skill that the student

wants to learn to be successful in similar situations. The motivation is child-centered and child-directed in the natural environment, ingredients many researchers (e.g., Gresham; Hansen et al.) have found to be necessary to promote change.

During Stage Six Transfer of Training the student is prepared to reenter the group successfully and the student's behavior modification plan is shared with the IEP team so that it can be supported and encouraged by staff. Generalization of learning to other environments within the school setting is promoted with the support and collaboration of staff and the inclusion of the student's personal plan into a positive reinforcement program.

The last two stages of the LSCI are compatible with social learning theory. Bandura (1969) proposed that behavior is learned through modeling, imitation, and vicarious reinforcement. The process during the last two stages is also similar to the "stress-inoculation training," of Meichenbaum (1985). Stress inoculation training is a form of behavior therapy which provides practice in self-guiding self-statements to prepare for specific stressors. This rehearsal to anticipate stressful situations and strengthen positive coping mechanisms has been found effective with anxiety, phobic conditions, and in developing anger control, impulse control, and pain tolerance.

There are strong linkages between LSCI and the legislation. As discussed previously, the 1997 reauthorization of IDEA has specific mandates related to students with disabilities when disciplinary action is being considered in the form of suspension for more than ten days, expulsion, or a change of placement. The law requires the development of a FBA and a behavior intervention plan using positive behavior support techniques. There are many parallels between LSCI and a FBA with a behavior intervention plan. The similarities between the Conflict Cycle of LSCI and the FBA were proposed by McGowan (2001) and are shown in Table 2.

Table 2

Similarities between a FBA and the Conflict Cycle of LSCI

Conflict Cycle of LSCI	FBA
Self-Concept, Irrational Beliefs, Stressful Event	Antecedents
Feelings	Emotions or Motivation of the Behavior
Behavior	Behavior
Adult and Peer Reaction	Consequences

The similarities between a FBA with a behavior intervention plan (e.g. Gable, Quinn, Rutherford, Howell, & Hoffman, 2000; Quinn et al., 1998; Sugai et al., 1998) and the LSCI stages were proposed by McGowan (2001) and are summarized in Table 3. The close match between the two is highlighted. McGowan recommended that the following be done, in addition to the LSCIs: (a) an examination of the student's records, (b) interviews with staff and family, and (c) additional structured behavioral observations as well as behavioral checklists when necessary. From this additional information, a complete picture of the student's behavioral patterns and the likely causes will be more effectively discerned.

Crisis work, by its nature, ascertains an intense amount of information within a compact amount of time. The student's particular pattern of perceiving, thinking, feeling, and behaving which contributed to the crisis is determined. The function of the behavior is discovered and a plan is developed collaboratively with the student (when possible) based on values, rules, or guidelines of the school. One intervention does not "fix" the child, but rather, points the direction for the focal point of change. The resulting plan is validated or reevaluated with each LSCI.

Table 3

Similarities Between the LSCI Stages and a FBA With a Behavior Intervention Plan

LSCI Stages	FBA With a Behavior Intervention Plan
1. Drain-Off	Employs a structured behavioral observation and a behavioral shaping procedure.
2. Timeline	Identifies patterns of chronic problem behavior. Defines the problem behavior in specific, observable, and measurable terms. Collects and analyzes critical information regarding antecedent, motivation, behavior, and consequences to determine possible functions of the problem behavior.
3. Central Issue	Develops and states a hypothesis regarding the function of the problem behavior.
4. Insight	Tests the hypothesis for accuracy and acceptance, and explores possible solutions.
5. New Skills	Develops and rehearses a behavior intervention plan.
6. Transfer of Training and multiple LSCIs	Implements, monitors, and evaluates the behavior intervention plan for effectiveness and modifies as needed by the IEP team.

In choosing a training program for staff, it is important to provide follow-up support. Lantieri and Patti (1996) reported that the success of the Resolving Conflict Creatively Program was due, in part, because the professional development for teachers included the key component of follow-up on-site support. There were 8 to 10 visits during the year by a staff developer who conducted observations, demonstrated program components, and discussed concerns. Studies on the efficacy of this program in peer mediation (Aber, Brown, & Henrich, 1999; Metis Associates, 1998) demonstrated that the motivation of staff, the comprehensiveness of training all stakeholders including parents, and the infusion of the program into the total school environment were important components for success.

The literature review to discover solutions to the problem of students with emotional disturbances in crisis and the staff's inability to intervene in a therapeutic way will be discussed and summarized. There is a critical need for teachers to be trained in crisis intervention. Violence in schools cannot be separated from the social ills in the the community or the stresses that families are experiencing. Students with handicapping conditions experience greater challenges than their non-handicapped peers. The classification of emotional disturbance highlights the social, emotional, and behavioral problems of these students and their impact on learning. Because of the close ties that often exist between teachers and students, teachers have a crucial role when crises occur; therefore, educators must know how to provide emotional support as well as academic instruction. Students in crisis paint a complicated picture that necessitates a comprehensive approach.

The 1997 reauthorization of IDEA points the direction for intervention when students violate school codes of conduct, in that, the causes of the behavior should be explored and positive interventions developed. The formulation of FBAs and behavior

intervention plans, as well as staff training in these areas, are necessary to address challenging behaviors. The essential components of these procedures have been described in detail simply because their incisive impact on the selection of a crisis intervention program.

The term "crisis" has multiple meanings and connotations and may originate from many sources. In the context of students with emotional disturbances, the definition most useful was proffered by Morse (1996b). He described "crisis" as the student's inability to cope, whether initiated by external demands in the environment or as the result of internal perceptions, be they distorted or accurate. Crisis has been conceptualized as a time of both danger and opportunity for positive growth. It may be depicted as the unique time for learning because the individual is "vulnerable as well as highly suggestible" (Nelson & Slakeu, 1990, p. 329) to change for a brief period of time.

There are three national training programs in crisis intervention, Therapeutic Crisis Intervention (Budlong et al., 1993), Crisis Prevention Institute (Caraulia & Steiger, 1997), and LSCI (Long & Fecser, 1997, 2000; Long et al., 2001; Wood & Long, 1991). The length of training varies with each program; Crisis Prevention Institute has 1- and 2-day trainings; Therapeutic Crisis Intervention has 3-day trainings, and LSCI has 5- and 6-day trainings. All three programs teach verbal de-escalation procedures. Therapeutic Crisis Intervention and Crisis Prevention Institute include therapeutic physical restraint while LSCI does not. The Therapeutic Crisis Intervention and LSCI programs focus on the self-awareness of the person handling the crisis in order to avoid an escalation into a power struggle. The Crisis Prevention Institute training mainly emphasizes de-escalation strategies. Therapeutic Crisis Intervention and LSCI both have a therapeutic component that originated from the work of Redl and Wineman (1957). Therapeutic Crisis Intervention incorporates the "I ESCAPE" model (Redl & Wineman, 1957) and makes

references (Holden & Powers, 1993) to the Life Space Interview (Wood & Long, 1991) to help the child learn from the experience. Long and Fecser (1997, 2000), Wood and Long (1991), and Long, Wood and Fecser (2001) expanded and refined the original work of Redl and Wineman. LSCI is unique in the development of the Conflict Cycle, six stages of each LSCI intervention, and the six self-defeating patterns of behavior. The LSCI training emphasizes using the student's chronic behavior patterns to promote insight and more adaptive responses to stressful situations with the assistance of a trained IEP team.

Teacher training with intensive on-site follow-up support is essential to optimize the success of any crisis intervention program. The positive motivation of staff, training of all stakeholders including parents, and total infusion of the program into the school environment are important for maximum results. In essence, the goal would be to have a consistent, comprehensive approach toward crisis intervention.

Description of Selected Solutions

The writer chose the training and implementation of LSCI (Long & Fecser, 1997, 2000; Long et al., 2001; Wood & Long, 1991) as the solution strategy for this practicum. This decision was made because the alternative national training programs, Crisis Prevention Institute (Caraulia & Steiger, 1997) and Therapeutic Crisis Intervention (Budlong et al., 1993), both contained instruction in physical restraint which is currently prohibited in this district. More importantly, the LSCI training had the most comprehensive outcome goals for helping students in crisis, in that the student: (a) identifies chronic patterns of problem behavior, (b) gains insight into problematic behavior, (c) develops accountability for inappropriate behavior, (d) develops more adaptive social skills, (e) generalizes learning to other school settings with an IEP team plan, and (f) improves relationship with staff. The timing of the intervention immediately after the crisis has support in theory to be the critical "teachable moment." The process of the intervention and the therapeutic goals of LSCI closely align with the 1997 reauthorization of IDEA for developing a FBA and behavior intervention plan using positive behavior support. This combination of timing, process, purpose, and goals clearly made LSCI the optimum solution strategy for this practicum.

The staff of JHS1, the experimental group, was trained in LSCI and this approach was incorporated into the current behavior management system. Intensive follow-up support was offered to integrate the new philosophy and strategies successfully. In addition, families were offered components of this training in order to provide knowledge and skills to parents when their children experienced personal crises at home.

Report of Action Taken

This practicum involved two junior public high schools, JHS1 and JHS2, which were both located within inner-city neighborhoods in a large metropolitan area. Both

neighborhoods were similar in demographics. Both communities were challenged by high rates of poverty, violence and crime, substance abuse, child abuse and neglect, and health risks. The students in both schools had been classified as having emotional disturbances and were between 11 and 15 years. Both special education sites were fairly new, having been formed within the previous year, and were located within community school buildings. Space was allocated within the community school buildings for the special education students. Their classrooms were located in separate wings of the buildings, segregated from the general education students. The special and general education students did not have any classes in common. Each site had four classrooms, a counseling office, an administrative office, and a Conflict Resolution Room (CRR). All students received federally-funded free breakfasts and lunches. Both schools were staffed, administrated, and funded by a special education district, not the community school district.

JHS1 is an auxiliary site of its main school building, located approximately 2 miles away. JHS1 has 17 staff members including one coordinator, one counselor, one social worker, two crisis intervention staff members, six teachers, five paraprofessionals, and one school aide. The majority of staff are African American and Caucasian; there are also Hispanic staff members. Most of the staff are in their current position less than two years, however, many had come "up the ranks." (e.g. paraprofessionals became teachers after completing their degree). Most of the staff have completed or are in the process of completing master's degrees. JHS1 has 44 students with emotional disturbances, all of whom receive mandated counseling. The population of JHS1 consists of 27 African American and 17 Hispanic students, 38 of whom are males, and the other 6 are females. JHS1 has a systematic schoolwide behavior management program.

JHS2 is an auxiliary site of its main school building, located approximately 1.5 miles away. It is 14 miles from JHS1 and neither the staff nor the students have contact with

the other school. There are also 17 staff members with the same composition of positions as JHS1. The majority of staff are Hispanic and Caucasian, the rest are African American and Indian. Most of the staff have been in their current position less than two years and have completed, or are in the process of completing master's degrees. It also has new teachers that were employed as paraprofessional for many years until they earned their degree. JHS 2 has 47 students with emotional disturbances, 29 are African American and 18 are Hispanic. The population of JHS2 consists of 36 males and 11 females. The age grouping was the same as JHS1. All students receive mandated counseling. JHS2 has a systematic behavior management program similar to JHS1.

All the staff of JHS1 with the exception of the office aide were trained in LSCI. The LSCI course consisted of 6 days of training spread out over several months. In addition, there was 1 day for follow up which was scheduled several weeks after the course ended. In order not to remove too many staff at one time from the ongoing program there were four courses in LSCI offered simultaneously over a 3-month period. The 16 staff members were trained in LSCI from October through December 1999.

The initial visit to the staff of both schools was carefully planned in order to elicit support for the project. The first meeting was with the entire staff of JHS2, the control group. The purpose of this meeting was to describe the project currently being conducted in the district to discover improved ways of working with students who had challenging behaviors. The staff's feedback regarding behavioral issues would be of utmost importance during the coming year. Frequent weekly consultations with the group would be conducted in order to understand the conditions that they face every day and the solutions that they have generated. Complete confidentiality was promised and their assistance was generously forthcoming. A similar introductory meeting was held with the staff of JHS1, the experimental group except additional information was given regarding

the LSCI training, implementation, and support. The staffs of JHS1 and JHS2 filled out the Staff Satisfaction Survey at the first meeting in October 1999. The survey was a self-report instrument created by the writer and two colleagues to determine staff perceptions regarding their job satisfaction.

The pretests of the formal instruments were delayed until November in order to obtain the necessary permission slips from parents (see Appendix B). In November 1999 the Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995), Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), and Self-Esteem Index (Brown & Alexander, 1991) were administered. The reading tests were given to the students by the teachers, the Behavioral and Emotional Rating Scales were filled out by the homeroom teachers, and the Self-Esteem Index instruments were filled out by the students with the assistance of the counselor.

In January 2000, after the staff of JHS1 had completed the training in LSCI, a meeting was held to discuss the practical application of the philosophy and strategies of LSCI. The CRR Logs were presented and the methods of systematic recording were taught and modeled. A similar meeting was held with the staff of JHS2 to instruct them in the use of the CRR Logs. There were two versions of the CRR Logs (see Appendix C). The forms were similar except the CRR Log for JHS1 had a section pertinent to information learned from the LSCI, while the CRR Log for JHS2 contained no reference to LSCI. The crisis incidents were tallied during the months of January through May, 2000.

For purposes of this practicum, the writer had decided that a student crisis was to be recorded in a log if the student either voluntarily or involuntarily left the classroom because of an emotional or behavioral outburst or the imminent danger of one. Examples of crisis behavior include fighting, physical assault, serious verbal threats, running out of the class, disruption of the ongoing program, destruction of property, etc. The student

was escorted to a CRR, a separate room which was supervised by two Conflict Resolution Room staff members. An entry was made in a log book of the date, student's name, time of arrival, reason for referral, time of exit, and resolution. If the incident was serious, further action requiring school safety agents and the police were sometimes necessary and incident reports were filed.

Both schools were visited every two weeks during the training period from October through December 1999. Weekly visits were conducted in the period from January through May 2000. The writer recorded her observations of the students and staff as they related to crisis management. These events were recorded in a journal.

A parent training was conducted at both schools after a holiday assembly in December, 1999. At JHS1, a two-hour training session was conducted in "The Conflict Cycle" a major paradigm of the LSCI Course. Notices went home to the 44 parents or guardians and phone calls were made to the home by the PTA president of the main site. The workshop was attended by two parents at JHS1. At JHS2, a workshop was conducted which was entitled "Community Resources," a topic not related to LSCI. Notices were sent to the 47 parents or guardians, and two parents came to the workshop at JHS2.

The staff at JHS1 were supported with weekly visits during which time the philosophy and strategies of LSCI were modeled and discussed. Staff concerns were elicited and addressed. The following are three examples of LSCIs that were observed at JHS1. The names of the students and staff members have been improvised.

John, age 12 years old, was removed from class for fighting with a classmate Joey. It started with the two students teasing each other and quickly escalated to John trying to throw a punch. John was taken to the CRR where the CRR staff member, referred to as the "interviewer," first de-escalated the student's intense emotions. He began with

empathetic statements, "I can see how angry you are. Something important must have happened for you to be this upset. We can work this out." Through the LSCI it was discovered that John was triggered by Joey's negative comments about John's mother ("Your mother is a ----!"). As John explained, "I never knew my mother. I live with my foster mother. I have a right to defend my mother's honor. If he does it again, I'll beat him up." The interviewer reviewed the sequence of events (the Timeline) in a methodical way to promote insight into this perennial problem that John had been experiencing at this school. The interviewer led John to an understanding that Joey was well aware of John's family situation and was "pushing his buttons" to cause John to react and get in trouble. John was asked, "Do you want Joey to control you, or do you want to be in control of yourself?" This was the turning point for John, who didn't want anyone controlling him. Another important question which was asked, "Has this ever happened to you before?" John agreed and spoke at length about problems related to students teasing him about his family and the resulting fights which ensued. The interviewer affirmed that this was, indeed, an important problem that needed resolution. A plan was worked out whereby he would try to (1) ignore the comments by saying "who cares?" to himself, (2) tell the paraprofessional or teacher, or (3) move to a seat closer to the teacher if he felt that he was going to lose control. This was role-played with the student several times until John was comfortable. The plan was shared with the teacher who agreed on the implementation. This arrangement would be periodically reviewed to see it was working or if additional measures were needed. John calmly re-entered the class and was able to participate in the classroom tasks. This plan was also shared with the counselor who would work on the family issues and also support and monitor his efforts towards desensitization of peer's comments. This LSCI was a "Manipulating Body Boundaries Type II Intervention," also known as, "Vulnerability to Peer Influence" (Long et al.,

2001, p. 209; Wood & Long, 1991, p. 261).

Ann, age 11, had a verbal fight with the matron on the school bus, and was immediately referred to the CRR upon arrival at school. The CRR staff de-escalated Ann who was extremely angry and insisted that the matron was picking on her. Once she was somewhat calm, the crisis staff interviewer explored the bus incident in detail and then asked about events that may have occurred earlier in the day at her foster home. Ann's demeanor changed from anger to sadness as she poured out a tearful story about a phone call that her foster mother received the night before. Ann's biological mother was moving to Florida and taking two of Ann's siblings with her, but not Ann. She felt hurt, abandoned, and angry. The interviewer was very affirming and understanding of the difficult time Ann must be going through at this moment. The interviewer helped Ann to realize that she was not angry at the bus matron, although the matron certainly received her anger. She was really angry at her biological mother. Ann was asked "Has this ever happened before? Have you ever had problems occur at home that affected your behavior in school?" Ann readily admitted that she doesn't usually talk about the problems at home but she is "so full and so angry" at times that she can't think in school. The goal set for Ann centered on a plan by which Ann would speak to staff about her real problems when she arrived at school and not create new problems. This was role-played several times until Ann was comfortable. The teacher and counselor were apprised of the plan. The counselor increased involvement to assist with the home issues. Ann was able to return to class and participate. This LSCI is called the "Red Flag Reclaiming Intervention," also known as "Imported Problems" (Long et al., 2001, p.163) and displacement of feelings is always an issue. The goal is to discover the source of the problem and to help the student seek out an adult to talk about problems instead of acting them out.

Mark, a 14 year old student, was furious with an assignment given by a substitute teacher and stormed out of class. The paraprofessional followed Mark and began the de-escalation, or "drain-off" and led the student into the CRR where the CIT took over. A few minutes later, the homeroom teacher, who had a close relationship with the student, joined the intervention. The homeroom teacher contributed her knowledge of the incident in a way that helped to provide insight and understanding. The core issue was that student was very frustrated and anxious because his "regular" teacher was absent, and had misinterpreted the substitute teacher's directions. In his frustration, he had not heard the teacher's comments correctly and thought he was being singled out. Through a careful review of the incident, the student was able to realize his misperceptions. A plan for future stressful events was developed, in which he was going to "check it out" and "ask for help" instead of getting angry. This plan was shared with the staff. Within 20 minutes Mark was back in class after apologizing to the teacher. This LSCI is called "Reality Rub" and is also known as "Errors in Perception" (Long et al., 2001, p. 149; Wood & Long, 1991, p. 191). It is noteworthy that the staff members were collaborating in this joint interview. They were attempting to use the strategies as a consistent methodology, a seamless approach, for working with students in crisis.

Students in both schools were mainstreamed for part of the day with the general education population if they reached certain behavioral and academic criteria. Both schools had schoolwide behavior management systems in place. The students earned points for appropriate behavior which accumulated to certain levels of privilege. When students reached the highest level, they were considered for mainstreaming by the administrator and teacher. A "match" between the student's strongest subject and the general education mainstreaming class was arranged. If they were successful in the mainstreaming classes and maintained the high level of behavioral expectations, they

would then be transferred out of the school to a less restrictive environment . Therefore, the recommendation for mainstreaming and transfers were dependent upon the points and levels the student achieved as well as teacher and administrative recommendations. Unfortunately, the writer was not informed of the exact discharge dates of the students in JHS1 who were to be transferred out of the program to less restrictive environments or because the family moved. Certain students in JHS2 who had severe behavioral problems were transferred to a more restrictive environments; others were transferred because the family relocated. Consequently, the students who were transferred out of either school before May 2000 did not receive the posttests for the practicum.

In May 2000 the posttests were given. The same procedures were used for the posttests as had been used for the pretests. The data were collected, scored and recorded. The CRR logs were collected and recorded. The data on student suspensions, discharges, transfers, and attendance were collected from the district office and recorded. The staff from each school were interviewed at the end of the practicum as to their perceptions of their abilities to handle students in crisis. Several students were interviewed at the end of the practicum and asked what they needed from staff when they were feeling most upset.

In summary, this practicum addressed the problem that educational staff who work with junior high school emotionally disturbed students did not have the knowledge and skills to help when their students were experiencing personal crises. This practicum involved two special education public schools serving a total of 91 students with emotional disturbances. The staff of JHS1, the experimental group, was trained, supported, and monitored in LSCI. The staff of school JHS2, the control group, was not given any special training. Weekly visits were made during the implementation period. The records of crisis incidents, suspensions, attendance, transfers, and discharges were monitored. Available records were retrieved from the previous year. Comparisons were

made within groups (year-to-year) and between groups (school-to-school) whenever possible. Pretests and posttests were administered in the following instruments: Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995), Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), Self-Esteem Index (Brown & Alexander, 1991) and a Staff Satisfaction Survey. Qualitative interview of staff and students were conducted throughout this 8-month practicum.

Chapter V: Results

Results

The problem addressed in this practicum was that an educational staff, who worked with emotionally disturbed students 11 to 15 years of age, were unable to help their students in crisis, and therefore, the students' inappropriate behavior continued. The solution strategy implemented during the 8-month practicum was the training of staff in the philosophy and strategies of LSCI (Long & Fecser 1997, 2000; Long et al., 2001, Wood & Long, 1991) with follow-up support. Two schools were involved in this practicum: JHS1, the experimental group, had 44 students and received the solution strategy; JHS2, the control group, had 47 students and did not receive the solution strategy. Both schools were visited every 2 weeks from October to December 1999 and weekly from January to May 2000. JHS1 was monitored and supported in the implementation of the LSCI program. JHS2 was observed and was not given direction or support in any particular behavior management program. The data analysis for this practicum was conducted by an independent consultant. The students of both schools were comparable on key demographic variables: ages ($t_{[104]} = .074, p = .94$), gender distribution (86% male in experimental group vs. 78% male in control group, Fisher's Exact test, $p = .313$), and racial distribution (63% African American in the experimental group vs. 76% African American in the control group, Fisher's Exact test, $p = .435$).

Both schools had similar systematic schoolwide behavior management programs based on earning points and levels for appropriate behavior and consequences for inappropriate behavior. The special education schools were housed in separate wings of community school buildings segregated from their general education peers and had been in existence approximately a year. Both schools were located in inner-city neighborhoods with high poverty and crime indices. There were 17 staff members at each school,

including administration, clinical and guidance staff, crisis intervention staff, teachers, paraprofessionals, and office staff. The staff of both schools were similar in educational, ethnic and racial backgrounds, and years of experience within their professions.

The following outcomes were hypothesized for this practicum:

1. There will be a greater decrease in the number of student crises at JHS1 than JHS2.

The crisis log data from both schools were tallied and converted to "mean crises per month" to make comparisons between the two schools (JHS1 vs. JHS2). Comparisons were made within schools from year to year (1998-1999 vs. 1999-2000). Because the LSCI training took place from October through December 1999, the comparisons were made for the period from January to May 2000. The time period prior to the practicum (January to May 1999) was compared to the same time period after the LSCI training (January to May 2000) for both schools. It was projected that there would be a greater decrease in mean crises per month at JHS1 than at JHS2 at the 5% level of significance.

This outcome was met. JHS1 experienced a greater decrease in the mean number of student crises per month. A mixed effects ANOVA was calculated where the between groups variable was group (experimental v. control) and the within groups variable was time (pre = January to May 1999 vs. post = January to May 2000). The dependent variable was the number of total crises experienced by each student during the implementation period. There was a main effect for group where the students in the control group had more crises than the experimental group, $F(1, 102) = 40.61, p < .001$. Most importantly, there was an interaction between the two variables, $F(1, 102) = 7.00, p < .01$. Upon examination of the means (see Table 4), the experimental group had a decrease in the number of crises while the control group had an increase in the number of

Table 4.

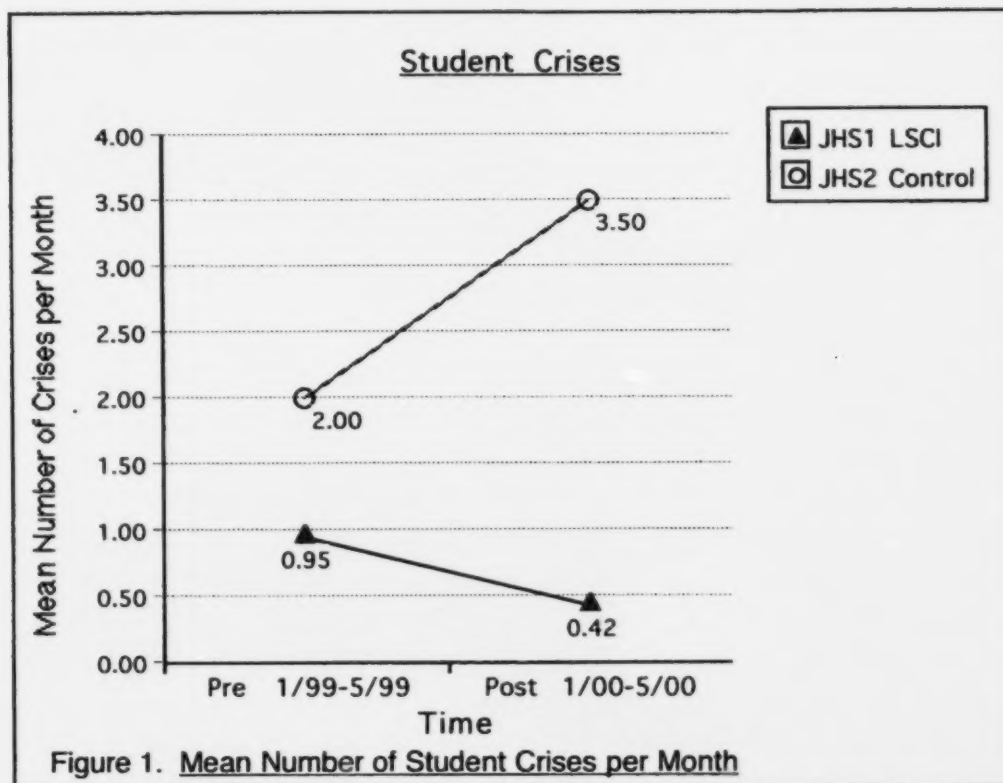
Mean Number of Student Crises per Month

Group	Time	Mean Number of Crises per Month	Standard Deviation
JHS--LSCI			
	Pre	0.95	2.11
	Post	0.42	0.47
JHS2--Control			
	Pre	2.0	3.72
	Post	3.5	2.67

crises (see Figure 1).

2. There will be a greater decrease in suspensions at JHS1 than JHS2. Data regarding the number of student suspensions during the practicum of 1999-2000 compared to 1998-1999. Comparisons of the number of suspensions from JHS1 and JHS2 were made between groups and from year-to-year within groups. The standard of performance that the writer designated as a measure of success was a reduction by five suspensions at JHS1 while JHS2 would have one less suspension.

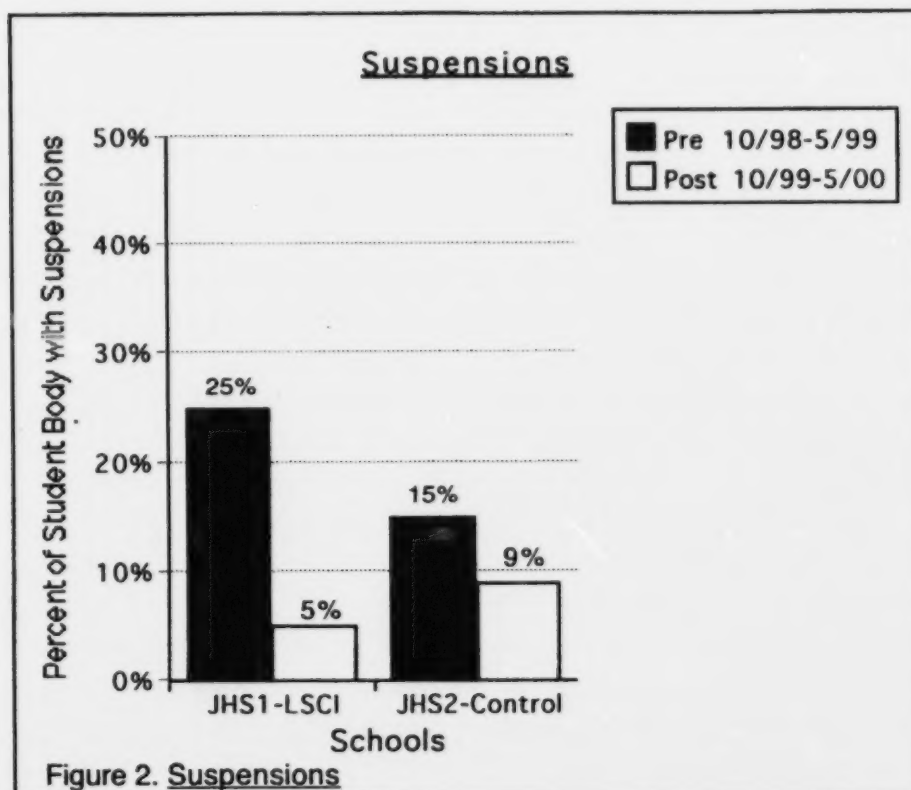
This outcome was met. The suspension data were collected from the district records for the period of October 1998 to May 1999 and from October 1999 to May 2000. JHS1 suspensions declined from 8 suspensions for 32 students (25%) to 2 suspensions for 44 students (5%), resulting in a total decrease of 6 suspensions (20% decline). JHS2 suspensions declined from 6 suspensions for 39 students (15%) to 4 suspensions for 47 students (9%), resulting in a decrease of 2 suspensions (6% decline) (see Figure 2).



A close examination of attendance data revealed that the rate of attendance for the students who partook in the practicum at JHS1 was 86%, while at JHS2 it was 74% during the implementation period (Figure 3). Due to missing attendance data for many students for the 1998-1999 school year, student-specific comparisons could not be made with the previous year.

3. There will be more students transferred to a less restrictive environment at JHS1 than JHS2. The student transfer data were collected from the district office records and comparisons were made between schools and from year-to-year within schools. The standard of performance that the writer designated as a measure of success was that JHS1 would have one student transfer to a less restrictive environment while JHS2 would have no students transfer to a less restrictive environment.

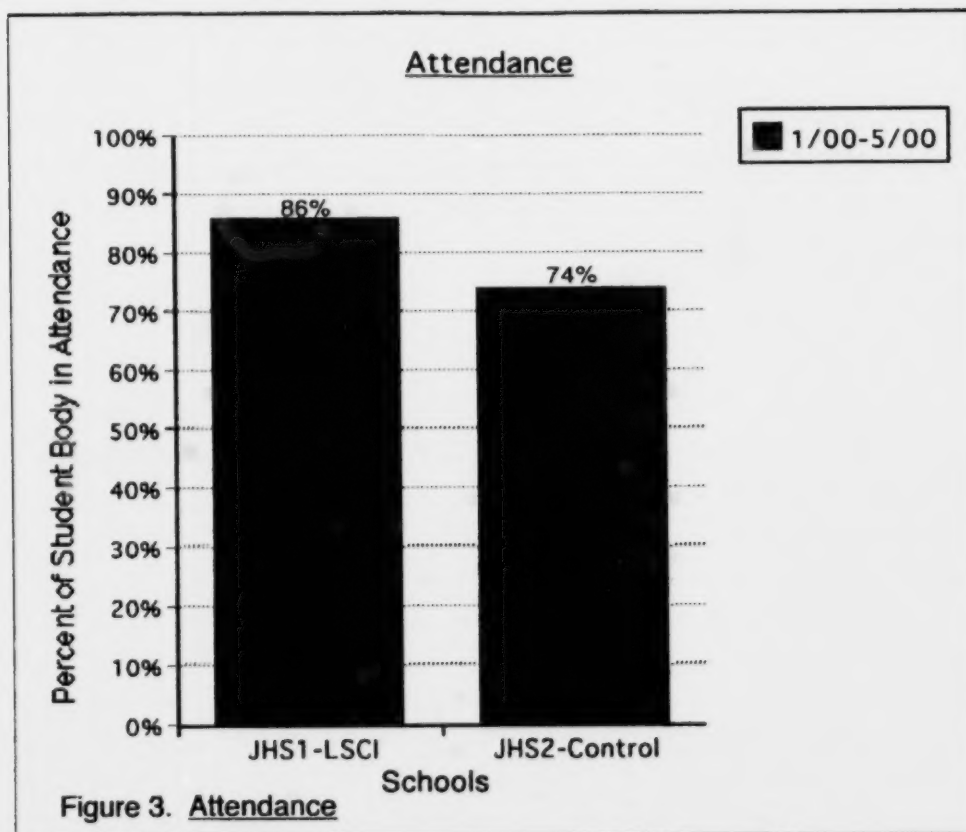
This outcome was met. During the previous year, there were 0 students



transferred to less restrictive environment at either school. JHS1 transferred 12 of 44 students (27%) to less restrictive environments during the practicum time period. This number included students who had definite plans in place to transfer at the end of the school year. JHS2 transferred 1 of 47 students (2%) to a less restrictive environment during the same period (see Figure 4).

Further examination of transfer data revealed that during the previous year none of the students at either school were transferred to more restrictive settings. During the practicum period, 0 of 44 students at JHS1 (0%) and 3 of 47 students (6%) at JHS2 were transferred to more restrictive settings (see Figure 5). It is to be noted that transfers to more restrictive environment are discouraged in the 1997 reauthorization of IDEA.

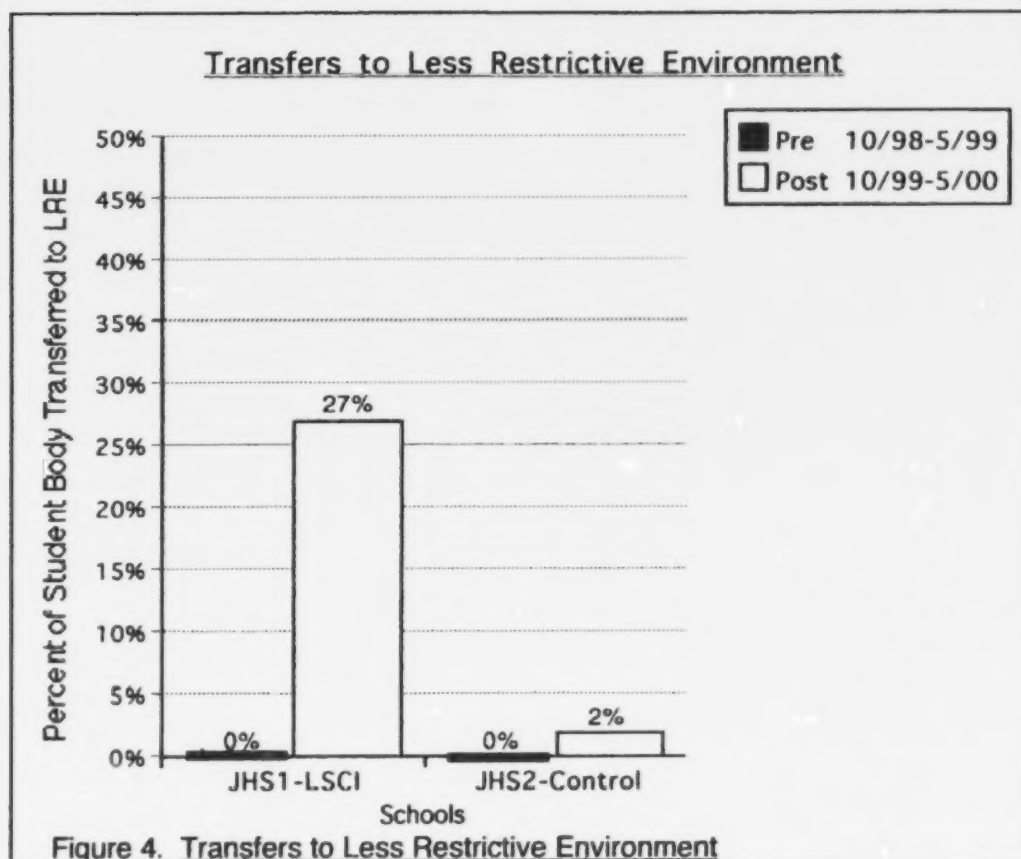
In addition, data were collected related to students mainstreamed for part of the day. At JHS1, 4 of 32 students (13%) were mainstreamed the previous year and this



increased to 18 of 44 students (41%) during the practicum period. In contrast, at JHS2, 0 of 39 students (0%) were mainstreamed in the previous year and 4 of 47 students (9%) were mainstreamed during the practicum period (see Figure 6).

4. The staff of JHS1 than JHS2 will feel better prepared to handle students in crisis. Staff would be interviewed at the end of the implementation period with regard to skill and confidence levels in their ability to handle student crises. The standard of performance that the writer designated as a measure of success was that staff interviews would indicate that 8 of 16 staff members of JHS1 would feel able to handle students in crisis, while 2 of 16 staff members at JHS2 would feel able to handle students in crisis.

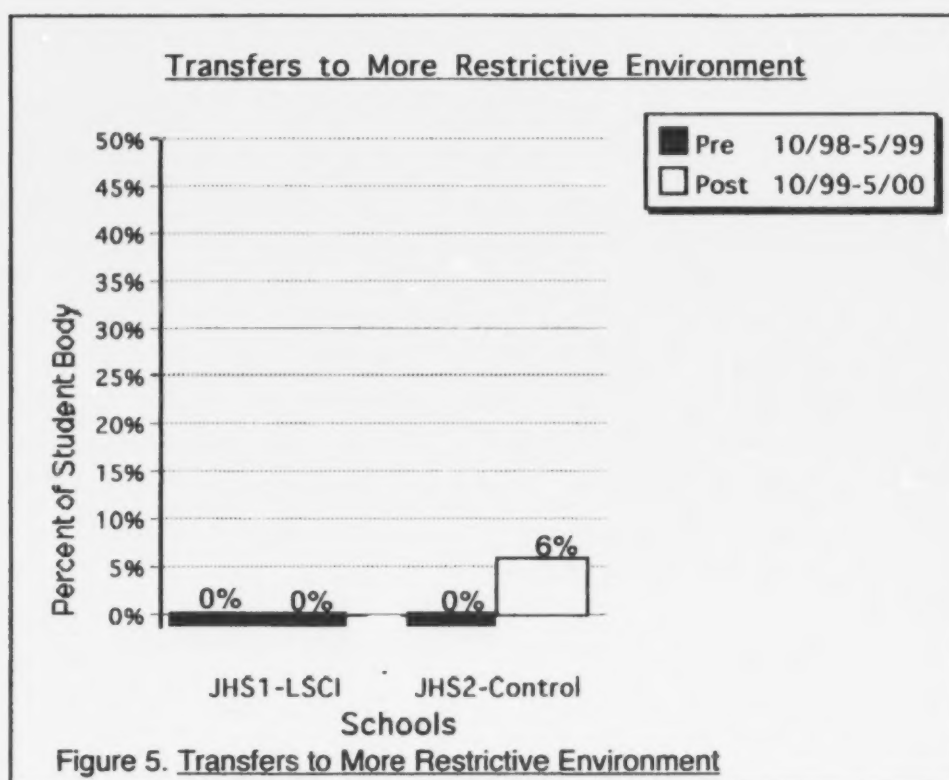
This outcome was met. Initially, 2 of 16 staff members (12.5%) at each school believed that they knew what to do when a student was experiencing a personal crisis.



Post-interviews at JHS1 revealed that all staff believed they were able to handle students in crisis as a result of the LSCI training. Post-interviews at JHS2 revealed that 2 of 16 staff members (12.5%) believed that they were able to handle students in crisis (see Figure 7).

5. The students at JHS1 will achieve greater academic gains than students at JHS2. A pretest in November 1999 and a posttest in May 2000 of the Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995) was administered to the students at JHS1 and JHS2 by their teachers. The writer hypothesized that JHS1 would record greater gains in reading than JHS2 at the 5% level of significance.

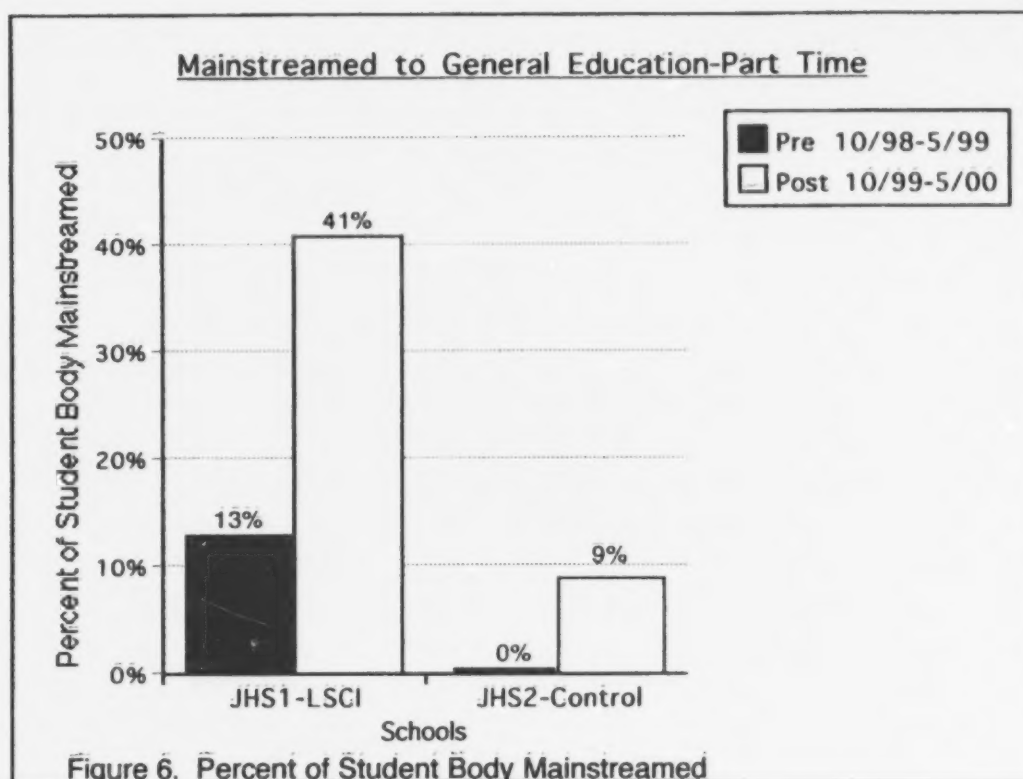
The conditions related to the statistical analysis of this outcome were not able to be met. Attrition was a major factor in that 16 students who took the pretest in reading



were not available for the posttest. The writer was unable to complete the analysis due to the lost data.

6. The students at JHS1 will achieve greater gains in behavioral and emotional strengths than students at JHS2. A pretest in November 1999 and a posttest in May 2000 of the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998) were recorded by the homeroom teachers of JHS1 and JHS2. The writer hypothesized that greater gains, at the 5% level of significance, in behavioral and emotional strengths as measured by the Behavioral and Emotional Rating Scale would be recorded at JHS1 than JHS2.

The conditions related to the statistical analysis of this outcome were not able to be met. Attrition was a major factor in that the staff did not complete the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998) for seven students who transferred out

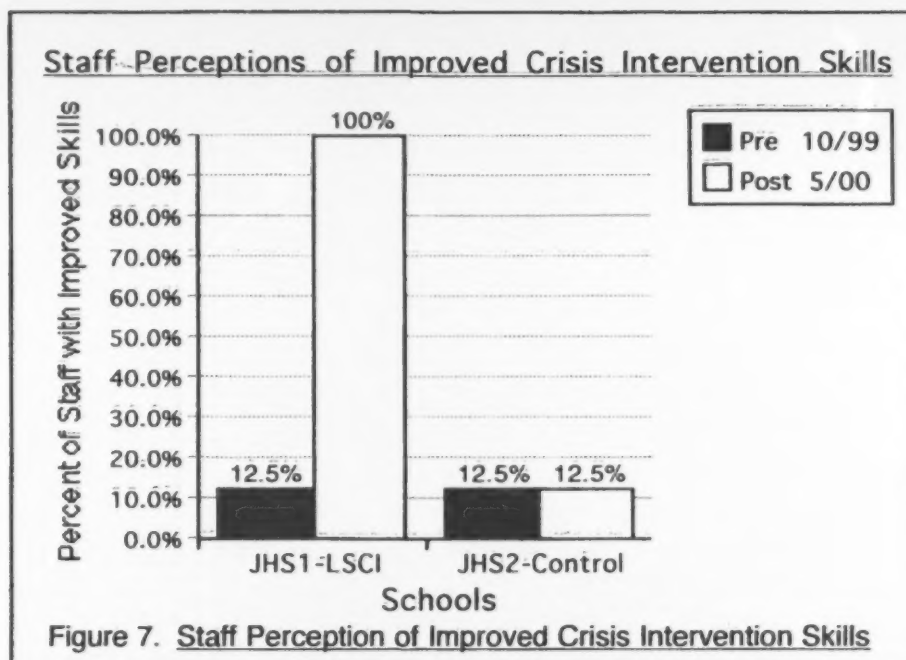


of the schools. The writer was unable to complete the analysis due to the lost data.

7. The students at JHS1 will achieve greater gains in self-esteem than students at JHS2 as measured by the Self-Esteem Index (Brown & Alexander, 1991). A pretest in November 1999 and a posttest in May 2000 of the Self-Esteem Index were administered to each student in JHS1 and JHS2 by their guidance counselors. The writer hypothesized that greater gains, at the 5% level of significance, in self-esteem as measured by the Self-Esteem Index would be recorded at JHS1 than JHS2.

The conditions related to the statistical analysis of this outcome were not able to be met. Attrition was a major factor in that 15 students who took the pretest in the Self-Esteem Index (Brown & Alexander, 1991) were not available for the posttest. The writer was unable to complete the analysis due to the lost data.

8. The staff at JHS1 will have greater job satisfaction than staff at JHS2. A



pretest in October 1999 and a posttest in May 2000 of the Staff Satisfaction Survey (see Appendix A) were administered to each staff member at JHS1 and JHS2. The writer hypothesized that greater gains, at the 5% level of significance, in staff satisfaction would be recorded at JHS1 than JHS2.

The conditions related to the statistical analysis of this outcome were not able to be met. There were 25 staff members at both schools who filled out the pre- and post-survey; 14 in the experimental school and 11 in the control school. The staff in both schools had worked a similar number of years at their positions and had completed similar amounts of education. The sample size was too small to complete a statistical analysis with power. However, comparison of mean and standard deviation revealed that JHS1 had a staff satisfaction of 86% at the pretest with a standard deviation (S. D.) of 13.5 and 86% at the posttest with a S. D. of 12. JHS2 had a staff satisfaction of 80% with a S. D. of 16 at the pretest, and also 80% at the posttest but with a S.D. of 21.

Discussion

This practicum was designed to address the need to better prepare educational staff working with emotionally disturbed students through their times of personal crises. This inability to manage volatile incidents resulted in the continuance of the student's inappropriate behavior and the staff's increasing frustration. The student population involved in this practicum was pre- through mid-teens, more specifically between the ages of 11 and 15 years.

The solution strategy chosen during the 8-month practicum was the training, implementation, support, monitoring, and evaluation of a systematic approach to crisis intervention. LSCI (Long & Fecser, 1997, 2000; Long et al., 2001; Wood & Long, 1991) is a multi-theoretical, multi-dimensional, psycho-educational approach to students in crisis. It is a methodical, formatted response to a student's crisis, based on psychodynamic, cognitive, behavioral, and developmental theory. It is based on the belief that a crisis is a unique opportunity to engage in a therapeutic discussion if initiated shortly after the conflict occurs. One of the core philosophies is that the staff who work directly with students in their natural settings have the greatest opportunity to make a lasting change by intervening in a therapeutic way during a student crisis.

This training was given to all 17 staff (with the exception of one office aide) at one special education site with 44 students and the results were compared with a similar school having 17 staff and 47 students who were not given the LSCI training. The dependent variables which were examined included: Crisis incidents, suspensions, attendance, transfers, staff perceptions of skills, reading scores, self-esteem indices, emotional and behavioral strengths, and staff satisfaction. The data from the previous year regarding crisis incidents, suspensions, and transfers to other schools were examined and comparisons were made between groups and within groups.

There was a 56% decrease in the frequency of student crises in the school which was instructed in LSCI when compared with its data from the previous year. At the same time, the control group had a 75% increase in the number of student crises. There was a main effect for group where the students in the control group had more crises than the experimental group, $F(1, 102) = 40.61, p < .001$. Most importantly, there was an interaction between the two variables, $F(1, 102) = 7.00, p < .01$. This outcome is not surprising. Long et al.(1998) crystallized the LSCI approach, "At its core is a new mindset about problems as opportunities, and about troubled youth as possessing strength and resilience, which can be tapped for their own healing" (p.21). This training is designed to use the student crisis as the critical teachable moment to discover the root cause, the "why" of the student's pattern of chronic behavior problems. The goals of the intervention are for the student to identify and gain insight into repetitive patterns of self-defeating behavior, accept responsibility for inappropriate actions, develop specific strength-based social skills, and transfer this training with a supportive team effort. During the LSCI process, the student connects stressful events with his or her thinking, feeling, behaving, and with the reactions of others. The adult responds with respect and dignity to the student in crisis, and consequently, the student learns to trust caring adults and use them for support.

The interventions are powerful for several reasons. The timing of the intervention immediately after the student's personal crisis is a critical component. The iron curtain of the student's defenses collapses and the resulting catharsis reveals important information which usually is not readily accessible in the calm of everyday life. The exploration of the event from the student's point of view continues until the core reason is discovered. Because the young person is in turmoil seeking some resolution, she or he is now more open to change than at times of comfort and equilibrium. In the moment of chaos and

confusion, the adult offers unconditional acceptance of the child, not the behavior. Both the staff and student see each other in a new light, their relationship changes in a strong positive way.

There was a 20% decrease in the number of suspensions in the LSCI school and only a 6% decline in the control group when compared with its respective data from the previous year. This outcome is also not surprising. LSCI is a laser beam approach directed at the behaviors which violate school codes of conduct. The focus is to identify the recurrent themes, discover the reason, and to teach the necessary prosocial skills to prevent reoccurrence of the problem behavior. This hothouse environment creates the climate for positive growth.

Perhaps the most exciting data within this practicum were related to transfers out of this segregated special education setting. In the LSCI school, 27% of the student body were transferred or had definite plans to transfer at the end of the school year to a less restrictive environment with no students going to more restrictive settings. In addition, 41% of the students were able to be mainstreamed for part of the day in the General Education community school in which they were housed. In contrast, only 2% of the control group were transferred or had transfer plans at the beginning of the next school year to less restrictive environment, with a greater number of students (6%) moved to more restrictive environments. At the same time, 9% of the students were involved in mainstreaming attempts in the General Education community school in which they were housed. In addition, the attendance rate during the implementation period was 86% at the LSCI school as opposed to 74% for the control group. These results give vigorous support to the federal mandates of IDEA (1997) which promote positive educational results for students with disabilities in the general education curriculum or the least restrictive environment. In summary, the students became "teachable."

The outcome measures related to staff knowledge and skills in handling student crises were met. All the staff at the LSCI school felt better prepared to handle students in crisis, while at the control school two staff members believed they knew what to do during these incidents. All staff who took the LSCI training reported that their skills in crisis intervention increased and found the training helpful in understanding why the students behaved the way they did. One paraprofessional commented, "I used to be afraid of the students and not know what to say or do. I was very quiet and avoided contact with them. Now I am confident in my abilities. I find that every time I use Life Space Crisis Intervention, I become closer to the students and now they come to me when they have problems. It feels good to make a difference in their lives." This is in contrast to the reports from the staff at the control group. Staff were increasingly frustrated and exasperated by the "revolving door" of the CRR. For many staff, a "nothing can be done" attitude developed and there was division among staff regarding which methods were best. When student disruption occurred, the administrative philosophy was frequently one of "students need more discipline" which usually took the form of phone calls to the home, additional time in the CRR, more punishment, and alienation.

The student's perspective is critically important. Several students at each school, who were observed to have emotional outbursts resulting in removal from class, were interviewed at the end of the practicum. They were asked, "What do you need from teachers when you are most upset?" One female teenager at the LSCI school replied, "Kids have a lot on their minds. Sometimes I can't think in school when I am upset. It helps to talk to teachers." In contrast, a male 12-year-old at the control school answered, "Nothing. Teachers can't help me with my problems. I have to take care of myself."

The outcomes related to the formal instruments of the Stanford Diagnostic Reading Test (Karlsen & Gardner, 1995), Behavioral and Emotional Rating Scale (Epstein &

Sharma, 1998), and Self-Esteem Index (Brown & Alexander, 1991) were unable to be evaluated due to the inability to meet the conditions of statistical analysis. Attrition was a contributing factor in that many students were not available for the posttests because they had been transferred to other settings for a variety of reasons (e.g., family moves to other districts, transfers to less restrictive environments, transfers to more restrictive environments). It is worthy to note that this practicum was not designed to teach or remediate reading specifically, but rather, to determine the efficacy of systematic staff training in a crisis intervention program in order to reduce students' inappropriate behavior. Changes in the constructs of self-esteem and behavioral and emotional strengths are long-term goals. The five months of implementation, a semester of school, is an insufficient time to observe these more glacial shifts. Sandermand and Ranchor (1994) found that personality traits are relatively stable over time.

The outcomes related to the staff satisfaction survey were unable to be evaluated with statistical significance due to the small sample size. This survey was a self-reporting instrument. Kohn (1994) criticizes this type of instrument as being problematic, in that it "may tell us more about how someone wishes to appear than about his or her 'true' state (assuming this can ever be known)" (p.269). The staff satisfaction was 86% at the LSCI school and 80% at the control school for both pre- and post measures. These are both high indicators, perhaps at a ceiling level already. Staff interviews, rather than the self-report survey, were a more accurate indicator of the changes that took place. These interviews revealed that all staff trained in LSCI believed that their knowledge, skills and comfort level increased, thus enabling them to positively intervene during a student crisis. Interviews with staff at the control school divulged increasing frustration and desperation at the continuous cycling of the CRR. Staff were exasperated at the inability to change student inappropriate behavior and the constant disruptions to the school day.

The LSCI training and philosophy was not equally accepted and adopted by all staff of JHS1. Staff interviews revealed that this had to do with prior history of discipline strategies, and cultural and familial upbringing more than with education. The greatest criticism of the LSCI process by educational staff of JHS1 was that they did not have the time to do the interventions because of their responsibilities to the ongoing instruction of the class.

There was an unexpected outcome to this practicum. The writer conducted a parent training component to this practicum, however, it was poorly attended. Although notices were sent home and the workshop was scheduled to follow a school holiday assembly, only two parents attended in each school. Meaningful parent programs and collaboration with families have been suggested to reduce the incidence of aggressive and violent behavior in youth (Bullock et al., 1996; Comer, 1997; Lantieri & Patti, 1996). This practicum suggests that school staff can have a powerful impact on student behavior without parent collaboration.

The support of the philosophy and implementation of the LSCI training was an important component to the design of this practicum. There were weekly visits to observe, model, and monitor the use of the interventions during the five months of implementation. Questions and concerns were addressed. This is consistent with the observations of Lantieri and Patti (1996) regarding the success of the Resolving Conflict Creatively Program. They remarked that the positive results were due, in part, because the professional development for teachers included the key ingredient of follow-up support, 8 to 10 visits during the year by a staff developer who observed the program, demonstrated program components, and discussed concerns.

There is little research on LSCI prior to this practicum. Naslund (1984) conducted a longitudinal, data based study of quantitative and qualitative changes in 28 elementary-age

students who were emotionally disturbed. The study was conducted for the period of one school year and the Life Space Intervention was used as a major treatment strategy throughout this school for emotionally disturbed students. The results demonstrated a significant decrease in the students' loss of self-control, an increase in classroom work, and an increase in more adaptive behavior. This practicum is consistent with the Naslund findings.

There is very limited research on the effects of comprehensive staff training in a systematic crisis intervention methodology. However, the findings of this practicum are consistent with one study conducted by Cornell University. Nunno et al. (2000) implemented the Therapeutic Crisis Intervention program within one medium-sized residential facility. The implementation of this program was successful in substantially reducing critical incidents, significantly reducing physical restraint episodes in one unit, and increasing staff knowledge, confidence, and consistency in crisis intervention methods throughout the facility. It is interesting to note that Therapeutic Crisis Intervention contains a therapeutic component which incorporates the Life Space Interview (Redl, 1959a, 1959b), an earlier version of the LSCI protocol featured in this practicum.

As aggression and violence in schools reach epidemic proportions, Gable and Van Acker (2000) recommend that the (a) content of teacher education programs prepare teachers to effectively address student violence, (b) colleges and universities combine general and special education programs to prepare all school personnel to combat student aggression, and (c) university and public school collaboration be strengthened to promote programs designed to curb the rising tide of student aggression and violence.

School is the one social institution the reaches most children for a substantial amount of time during their formative years. For many students, it is the most predictable, consistent part of their day. For that reason, school is the most logical

setting in which to counteract violence (Gaffe, Sudermann, & Reitzel, 1992; Gable & Van Acker, 2000).

The results of this practicum indicate that the LSCI training had a significant impact on the outcomes most closely connected with students' inappropriate behavior, specifically, crisis incidents, suspensions, attendance, and transfers to other settings. The school trained in LSCI had fewer crisis incidents, fewer suspensions, more transfers to less restrictive environments, and more students mainstreamed when compared to the control group and its records of the previous year. In addition, the LSCI group had greater attendance the year of the practicum compared to the control group. All staff trained in this approach believed that their knowledge and skills improved. The benefits also included the implementation of a consistent, systematic, schoolwide approach to crisis intervention. The writer believes that the emanating results of this practicum speak to its success.

In summary, the outcome of this practicum gives compelling evidence of the effectiveness of LSCI in providing staff with the knowledge and skills needed to effectively communicate with students in crisis. The results indicated that when LSCI was used as a major paradigm throughout a public junior high school for special education students who had emotional disturbances, there was a significant reduction in crisis incidents and suspensions, improved student attendance, and increased transfers to less-restrictive-environments. Each successful crisis resolution became an underpinning, a building block, a reinforcement for the next encounter. This reinforcement became a source of strength and direction for both student and staff. Personal interviews with staff involved in the LSCI trained school revealed that a new sense of ability had replace feelings of mere sympathy, exasperation, or perplexity. The students attending this school had begun to discover new, more adaptive methods to resolve recurrent social and

educational problems. Observations and critiques of these encounters disclosed that this program is not merely a formula for educational achievement alone but rather it holds long-term benefits that are, in fact, a recipe for full participation in a more fulfilling, productive, and independent life.

Recommendations

The writer suggests the following recommendations:

(a) All staff who work with students with emotional and behavioral disorders should be trained in LSCI as part of a comprehensive approach that also includes consistent schoolwide and classroom-level behavior management systems. The LSCI training should be scheduled in a way that is least disruptive to the ongoing program. If there is a hierarchy of training needs, the administrators and staff who work most closely with students in crisis should be given the first priority, then the staff who are most motivated to learn the methodology and philosophy of LSCI, and finally all remaining staff.

(b) The LSCI training should include ongoing support and supervision by an individual or team proficient in the LSCI philosophy and strategies. The goal should be to integrate a consistent, comprehensive team approach throughout the school setting augmented by weekly consultations and 1-day refresher workshops every 6 months.

(c) LSCI provides key information regarding chronic behavior problems which interfere with learning. This information should be incorporated into a FBA and a behavior intervention plan. Collaboration with the IEP team is essential.

(d) LSCI should be a core component of pre-service and in-service programs for staff who work with these students. The colleges and universities should be strong partners in this joint effort towards violence prevention and intervention.

(e) Further studies need to be conducted using LSCI as the major paradigm with

other populations, settings, and longer time periods. Research needs to be pursued regarding populations other than students with emotional and behavioral disorders, different age groups, and other settings not restricted to segregated instructional environments. The implications regarding the effectiveness of LSCI as a major paradigm in an early intervention and prevention program are most intriguing. Longitudinal in-depth case studies should be performed to examine the changes that occur across time in the type of LSCIs that a student needs.

(f) The effects of LSCI on academic achievement, self-esteem, and behavioral and emotional strengths need to be the subject of future longitudinal research. Due to missing data, this writer was unable to investigate these critical questions.

Dissemination

The results of this practicum will be presented to the LSCI Institute in Hagerstown, Maryland as well as to the Superintendent of this district. Because of the national concern regarding violence prevention and intervention, this practicum brings knowledge, skills, and positive, viable solutions to students in crisis. The Reclaiming Children and Youth journal has expressed an interest in publishing the results of this practicum.

References

- Aber, J. L., Brown, J. L., & Henrich, C. C. (1999). Teaching conflict resolution: An effective school-based approach to violence prevention [Executive summary]. New York: Columbia University, National Center for Children in Poverty, Joseph A. Mailman School of Public Health.
- Aguilera, D. C. (1998). Crisis intervention: Theory and methodology. (8th ed.). St. Louis, MO: Mosby.
- Aichorn, A. (1935). Wayward youth. New York: Viking.
- Bandura, A. (1969). Principles of behavior modification. New York: Holt, Rinehart, & Winston.
- Beck, A. T. (1976). Cognitive therapy and the emotional disorders. New York: Meridian Books.
- Beelman, A., Pfingstgen, U., & Losel, F. (1994). Effects of training social competence in children: A meta analysis of recent evaluation studies. Journal of Clinical Child Psychology, 23, 260-271.
- Blader, J., Nissen, S., Fleiss, K., Kurtz, S. M. (2000). Functional behavioral assessments and intervention plans: Program handbook. New York: New York University School of Medicine, Child Study Center.
- Brown, L., & Alexander, J. (1991). Self-esteem index. Austin, TX: Pro-Ed.
- Budlong, M. J., Holden, M. J., & Mooney, A. J. (1993). Therapeutic crisis intervention student workbook. In M. J. Holden, A. J. Mooney, & B. Wells (Eds.), The National Residential Child Care Project. Ithaca, NY: Cornell University, The Family Life Development Center College of Human Ecology.
- Bullock, L. M., Fitzsimons, A. M., & Gable, R. A. (1996). Combating youth violence: An "All hands on deck" approach to making schools safe again. Preventing School Failure, 41, 34-38.
- Callahan, C. J. (1998). Crisis intervention model for teachers. Journal of Instructional Psychology, 25, 226-234.
- Caplan, G. (1964). Principles of preventive psychiatry. New York: Basic Books
- Caraulia, A. P., & Steiger, L. K. (1997). Nonviolent crisis intervention: Learning

to defuse explosive behavior. Brookfield, WI: CPI Publishing.

Center for Disease Control and Prevention. (1997). Youth risk behavior surveillance system--United States. Retrieved March 1, 1998, from <http://www.cdc.gov/nccdphp/dash/yrbs/natsum97/susu97.htm>

Comer, J. P. (1997). Why schools can't solve our problems--and how we can. New York: NAL/Dutton.

Council for Exceptional Children. (1998). Crises in the classroom. CEC Today, 3, Retrieved March 2 1998, from <http://www.cec.sped.org/bk/focus/1296.htm>

Crespi, T. D. (1988). Effectiveness of time-out: A comparison of psychiatric, correctional and day-treatment programs. Adolescence, 23, 805-811.

Crimmins, D. B., & Woolf, S. B. (1997). Positive strategies: Training teams in positive behavior support. Valhalla, NY: Westchester Institute for Human Development.

DeRubeis, R. J., & Beck, A. T. (1988). Cognitive therapy. In K.S. Dobson (Ed.), Handbook of cognitive-behavioral therapies (pp. 273-306). New York: The Guilford Press.

Dunlap, G., Kern, L., dePerczel, M., Clarke, S., Wilson, D., Childs, K. E., White, R., & Falk, G. D. (1993). Functional analysis of classroom variables for students with emotional and behavioral disorders. Behavioral Disorders, 18, 275-291.

Durand, V. M. (1990). Severe behavior problems: A functional communication training approach. New York: Guilford Press.

Ellis, A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stuart.

Ellis, A. (1980). An overview of the clinical theory of rational-emotive therapy. In R. Grieger, & R. Boyd (Eds.), Rational-emotive therapy. New York: Van Nostrand Reinhold.

Ellis, A. (1999). Rational emotive behavior therapy as an internal control psychology. International Journal of Reality Therapy, 19, 4-11.

Epstein, M. H., & Sharma, J. M. (1998). Behavioral and Emotional Rating Scale: A strength based approach to assessment. Austin, TX: Pro-Ed.

Fairchild, T. N. (1997). Crisis intervention strategies for school-based helpers.

(2nd ed.). Springfield, IL: Charles C. Thomas Publisher, LTD.

Fiore, T. A., & Reynolds, K. S. (1996). Analysis of discipline issues in special education. Research Triangle Park, NC: Research Triangle Institute. (ERIC Document Reproduction Service No. ED 425 607)

Furlong, M. J., Morrison, G. M., & Dear, J. D. (1994). Addressing school violence as part of school's educational mission. Preventing School Failure, 38, 10-17.

Gable, R. A., Manning, M. L., & Bullock, L. M. (1997). An education imperiled: The challenge to prepare teachers to combat school aggression and violence. Action in Teacher Education, 19, 39-46.

Gable, R. A., Quinn, M. M., Rutherford, R. B., Jr., Howell, K. W., & Hoffman, C. C. (1998). Addressing student problem behavior: Part II--An IEP team's introduction to functional behavioral assessment and behavior intervention plans. Washington, DC: Center for Effective Collaboration and Practice.

Gable, R. A., Quinn, M. M., Rutherford, R. B., Jr., Howell, K. W., & Hoffman, C. C. (2000). Addressing student problem behavior: Part III--Creating positive behavioral intervention plans and supports. Washington, DC: Center for Effective Collaboration and Practice.

Gable, R. A., & Van Acker, R. (2000). The challenge to make schools safe: Preparing education personnel to curb student aggression and violence. The Teacher Educator, 35(3), 1-18.

Gaffe, P. G., Sudermann, M., & Reitzel, D. (1992). Working with children and adolescents to end the cycle of violence: A social learning approach to interention and prevention programs. In R. DeV. Peters, R. J. McMahon, & V. L. Quinsey (Eds.), Aggression and violence throughout the life span (pp. 83-99). London: Sage.

Goldstein, A. P. (1988). The prepare curriculum: Teaching prosocial competencies. Champaign, IL: Research Press.

Goldstein, A. P., Harootunian, B., & Conoley, J. C. (1994). Student aggression: Prevention, management and replacement training. New York: The Guilford Press.

Goleman, D. (1995). Emotional intelligence. New York: Bantam Books.

Green, R. (1998). The existence of nurturing characteristics in schools and its effect on student discipline, student attendance and eighth grade proficiency test scores.

Guidance and Counselling, 13(4), 10-16.

Gresham, F. M. (1997). Social competence and students with behavior disorders: Where we've been, where we are, and where we should go. Education and Treatment of Children, 20, 233-49.

Hansen, D. J., Nangle, D. W., & Meyer, K. A. (1998). Enhancing the effectiveness of social skills interventions with adolescents. Education and Treatment of Children, 21, 489-513.

Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R. D., & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. in J. McCord & R. Tremblay (Eds.), The prevention of antisocial behavior in children (pp. 139-161). New York: Guilford Press.

Hawkins, J. D., Herrenkohl, T. I., Farrington, D. B., Catalano, R. F., Harachi, T. W., & Cothorn, L. (2000). Predictors of youth violence. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Hoff, L. A. (1995). People in crisis: Understanding and helping (4th ed.). San Francisco, CA: Jossey-Bass Publishers.

Holden, M. J. & Powers, J. L. (1993). Therapeutic crisis intervention. Journal of Emotional and Behavioral Problems, 2, 49-52.

Individuals with Disabilities Education Act (IDEA), 20 USC § 1400 et seq. (LRP Publications (1997).

Individuals with Disabilities Education Act (IDEA) Rules and Regulations, 34 C.F.R. § Part 300 (1999).

Jones, V. F. (1992). Integrating behavioral and insight-oriented treatment in school based programs for seriously emotionally disturbed students. Forum, 17, 225-236.

Kavale, K. A., & Forness, S. R. (1966). Social skills deficits and learning disabilities: A meta-analysis. Journal of Learning Disabilities, 29, 226-237.

Karlsen, B., & Gardner, E. F. (1995). Stanford diagnostic reading test (4th ed.). San Antonio, TX: Harcourt, Brace, & Co.

Kidspace, National Center for Kids in Crisis. (1999). 1995 national survey of

kids in crisis and parenting. Glendale, CA: The Barna Research Group. Retrieved March 15, 1999 from <http://www.kidspeace.org/>

Kohn, A. (1994). The truth about self-esteem. Phi Delta Kappan, 76, 268-79.

Lantieri, L., & Patti, J. (1996). Waging peace in our schools. Boston, MA: Beacon Press.

Larson, J. (1994). Violence prevention in the schools: A review of selected program and procedures. School Psychology Review, 23, 151-164.

Lazarus, A. (1981). The practice of multi-modal therapy. New York: McGraw-Hill Book Company.

Lazarus, R. S. (1991). Emotion & adaptation. New York: Oxford University Press.

Long, N. J. (1965). Direct help to the classroom teacher. Washington, DC: School Research Project, Washington School of Psychiatry.

Long, N. J. (1996). The conflict cycle paradigm or how troubled students get teachers out of control. In N. J. Long & W. D. Morse (Eds.), Conflict in the classroom: The education of at-risk and troubled students (5th ed.), (pp. 244-265). Austin, TX: Pro-Ed.

Long, N. J., & Fecser, F. A. (1997). Advanced instruction in life space crisis intervention: The skill of reclaiming children and youth involved in self-defeating patterns of behavior. Hagerstown, MD: Life Space Crisis Intervention Institute.

Long, N. J., & Fecser, F. A. (2000). Managing troubled and troubling students in crisis: The skill of connecting and reclaiming children and youth involved in self-defeating patterns of behavior. Hagerstown, MD: Life Space Crisis Intervention Institute.

Long, N. J., Fecser, F. A., & Brendtro, L. K. (1998). Life space crisis intervention: New skills for reclaiming students showing patterns of self-defeating behavior. Healing Magazine, 3(2), 2-24.

Long, N. J., & Morse, W. C. (1996). Conflict in the classroom: The education of at-risk and troubled students. (5th ed.). Austin, TX: Pro-Ed.

Long, N. J., Morse, W. C., & Newman, R. G. (1965). Conflict in the classroom. Belmont, CA: Wadsworth.

Long, N. J., Wood, M. M., & Fecser, F. A. (2001). Life space crisis intervention: Talking with students in conflict (2nd ed.). Austin, TX: Pro-Ed.

Louvis, A. (1990). The use of a support room within the contemporary psycho-educational setting. Preventing School Failure, 32-38.

Malone, B. G., Bonitz, D. A., & Rickett, M. M. (1998). Teacher perceptions of disruptive behavior: Maintaining instructional focus. Educational Horizons, 76, 189-94.

McGinnis, E., Goldstein, A. P., Sprafkin, R. P., & Gershaw, N. J. (1984). Skillstreaming the elementary school child. Champaign, IL: Research Press.

McGowan, L. P. (2000). Initial steps in a functional behavioral assessment for students in part 100 curriculum. In Enhancing students outcomes: Pupil personnel teams in district 75. (pp. F1-F20). (Available from the NYC Board of Education, District 75, Office of Positive Behavior Support, 22 E. 28th Street, Room 404, New York, NY 10016)

McGowan, L. P. (2001). Functional behavioral assessment training for staff already trained in life space crisis intervention. Unpublished manuscript.

Meichenbaum, D. (1977). Cognitive-behavior modification. New York: Plenum.

Meichenbaum, D. (1985). Stress inoculation training. New York: Pergamon Press.

Metis Associates, Inc. (1998). Atlanta public schools resolving conflict creatively program: Summary of the final evaluation report 1996-1997. New York: Resolving Conflict Creatively National Center.

Morse, W. (1985). The education and treatment of socioemotionally disturbed children and youth. Syracuse, NY: Syracuse University Press.

Morse, W. (1996a). The crisis teacher. In N. J. Long & W. C. Morse (Eds.), Conflict in the classroom (5th ed.). (pp. 461-466). Austin, TX: Pro-Ed.

Morse, W. (1996b). Crisis intervention in schools. In N. J. Long & W. C. Morse (Eds.), Conflict in the classroom (5th ed.). (pp. 418-423). Austin, TX: Pro-Ed.

Naslund, S. R. (1984). Life space interviewing: A descriptive analysis of crisis intervention with emotionally disturbed children in a special education school. Dissertation Abstracts International, 45/08A, p.2487; DER 84-25243.

Naslund, S. R. (1987). Life space interviewing: A psychoeducational intervention model for teaching pupil insights and measuring program effectiveness. The Pointer, 31(2), 12-15.

The National Clearinghouse for Abuse and Neglect Information (1999) Child abuse and neglect national statistics: Fact sheet. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved May 1, 1999 from <http://www.calib.com/nccanch/prevmnth/scope/statistics.htm>

Nelson, E. R., & Slakeu, K. A. (1990). Crisis intervention in the schools. In K.A. Slakeu (Ed.). Crisis intervention: A handbook for practice and research (2nd ed.). (pp. 329-347). Boston: Allyn and Bacon.

Nelson, J. R., Roberts, M. L., Mathur, S. R., & Rutherford, R. B. (1999). Has public policy exceeded our knowledge base? A review of the functional behavioral assessment literature. Behavioral Disorders, 24, 169-179.

New York City Board of Education (1998). New York City school incidents, 1997-98. New York: New York City Board of Education.

Nunno, M. A., Holden, M. J., & Leidy, B. (2000). Evaluating and monitoring the impact of a crisis intervention system on a residential child care facility. [Penultimate draft]. Accepted for publication in Children and Youth Services Review.

Office of Juvenile Justice and Delinquency Prevention (1999). Juvenile offenders and victims: 1999 National report. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Palmatier, L. L. (1998). Crisis counseling for a quality school community: Applying William Glasser's choice theory. Washington, DC: Accelerated Development.

Pitcher, G. D., & Poland, S. (1992). Crisis intervention in the schools. New York: The Guilford Press.

Positive education program. (1995). Crisis prevention/crisis intervention training manual: Competency 1: Safety/crisis management (pp. 3-6). Cleveland, OH.

Quinn, M. M., Gable, R. A., Rutherford, Jr., R. B., Nelson, C. M., & Howell, K. W. (1998). Addressing student problem behavior: An IEP team's introduction to functional behavioral assessment and behavior intervention plans. Washington DC: The Center for Effective Collaboration and Practice.

Redl, F. (1959a). Strategy and techniques of the life space interview. American

Journal of Orthopsychiatry, 29, 1-18.

Redl, F. (1959b). The concept of a therapeutic milieu. American Journal of Orthopsychiatry, 29, 721-736.

Redl, F. (1966). When we deal with children. New York: The Free Press.

Redl, F., & Wineman, D. (1951). Children who hate. New York: The Free Press.

Redl, F., & Wineman, D. (1952). Controls from within: Techniques for the treatment of the aggressive child. New York: The Free Press.

Redl, F., & Wineman, D. (1957). The aggressive child. New York: The Free Press.

Residential Child Care Project. (n. d.). Therapeutic crisis intervention for family care providers [brochure]. Ithaca, NY: Cornell University, Family Life Development Center, New York State College of Human Ecology.

Sanderman, R., & Ranchor, A. V. (1994). Stability of personality traits and psychological distress over six years. Perceptual and Motor Skills, 78, 89-90.

Shores, R. E., Gunter, P. L., & Jack, S. L. (1993). Classroom management strategies: Are they setting events for coercion? Behavioral Disorder, 18, 92-102.

Shultz, D. P., & Shultz, S. E. (2000). A history of modern psychology (7th ed.). Fort Worth, TX: Harcourt College Publishers.

Slaikeu, K. A. (1990). Crisis intervention: A handbook for practice and research (2nd ed.). Boston: Allyn and Bacon.

Smead, V. S. (1985). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.). Best practices in school psychology (pp. 401-413). Bethesda, MD: National Association of School Psychologists.

Steinberg, L. (1996). Why school reform has failed and what parents need to do. New York: Simon & Shuster.

Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A. P., Turnbull, III, H. R., Wickham, D., Wilcox, B., & Ruef, M., (2000). Applying positive behavioral support and functional behavioral assessment in schools. Journal of Positive Behavior Interventions, 2, 131-143.

Sugai, G., Lewis-Palmer, T., & Hagan, S. (1998). Using functional assessments to develop behavior support plans. Preventing School Failure, 43, 6-13.

Van Acker, R. (1998). Translating discipline requirements into practice through behavioral interventions: The use of functional assessment. In L.M. Bullock & R.A. Gable (Eds.), Implementing the 1997 Amendments to IDEA: New challenges and opportunities for serving students with emotional/behavioral disorders. Reston, VA: Council for Exceptional Children.

Walker, H. M., Colvin, G., & Ramsey, E. (1995). Antisocial behavior in school: Strategies and best practices. Pacific Grove, CA: Brooks/Cole.

Walker, H. M., & Gresham, F. M. (1997). Making schools safer and violence free. Intervention in School and Clinic, 32, 199-204.

Walker, H. M., Todis, B., Holmes, D., & Horton, G. (1988). The Walker social skills curriculum: The ACCESS program. Austin TX: Pro-Ed.

Wehby, J. (1994). Issues in the assessment of aggressive behavior. Preventing School Failure, 38, 24-28.

Wood, M. M., & Long, N. J. (1991). Life space intervention: Talking with children and youth in crisis. Austin, TX: Pro-Ed.

Wyka, G., & Gabriel, R. (1983). National crisis prevention institute instructor's manual. Updated and revised by: R.D. Enloe & L. Steiger, 1987, 1990. Brookfield, WI: National Crisis Prevention Institute.

Yell, M. L., & Shriner, J. G. (1997). The IDEA amendments of 1997: Implications for special and general education teachers, administrators and teacher trainers. Focus on Exceptional Children, 30, 1-19.

APPENDIX A
Staff Satisfaction Survey

Staff Satisfaction Survey Survey
Staff of Students With Emotional Disturbances

The following information will help us obtain a more realistic picture of the conditions when working with students with challenging behaviors. To preserve confidentiality, write a combination of letters and/or numbers that you will remember in 8 months when this survey is given again. _____ (for example, Mulberry 5 is the beginning of an old phone number, 3255 Oak is a previous address, etc.)

Date: _____ School/site: _____

Position: _____

How long have you had this position? _____

What is your highest level of education? _____

1. This is a difficult student population. What % of the time do you feel that you are comfortable in your professional interaction with your students? (Choose a number from 1-100) _____%

2. When students are being oppositional or withdrawn, what is the number of times per week you feel that you end up in a power struggle with them? _____

3. When a power struggle occurs, which of the following issues account for it? (Check any that apply.)

_____ behavioral issues

_____ academic issues

_____ administrative issues

_____ other (be specific) _____

4. How many times in the past year have you been...(circle one)

pushed? 0-2 3-5 6-8 9-11 12-14 15-17 18-20 21-23

24-26 over 26

tripped? 0-2 3-5 6-8 9-11 12-14 15-17 18-20 21-23

24-26 over 26

kicked? 0-2 3-5 6-8 9-11 12-14 15-17 18-20 21-23

24-26 over 26

hit? 0-2 3-5 6-8 9-11 12-14 15-17 18-20 21-23

24-26 over 26

spat upon? 0-2 3-5 6-8 9-11 12-14 15-17 18-20 21-23

24-26 over 26

or otherwise intruded upon? (be specific) _____

times _____

5. How many students in your charge last year were referred to a less restrictive environment? _____

6. When you discuss a behavior problem with a student, what % of the time do you feel the behavior...

improves? _____

stays the same? _____

gets worse? _____

7. When you discuss a behavior problem with a student, what % of the time do you feel the student is able to tell his/her side of the story completely? _____

8. When you discuss a behavior problem with a student, what % of the time do you feel the student accepts the consequences of his/her behavior...

willingly? _____

marginally? _____

still resists? _____

9. When you discuss a behavior problem with a student, what % of the time do you feel your relationship with the student...

improves? _____

stays the same? _____

gets worse? _____

10. Rate your job satisfaction (Choose a number from 1-100) _____%

0% _____ 50% _____ 100%

None

Total &
Complete

11. Other Comments:

APPENDIX B

Parent Consent Form

PARENT CONSENT FORM

Dear Parent/Guardian:

This district will be conducting an eight month study to evaluate the effectiveness of behavioral programs for students with challenging behaviors. You will be kept informed of all of your child's short and long term goals by your child's teacher and unit coordinator. As part of data collection, we will be administering tests to determine your child's strengths and behavior patterns. Participation in the test data collection is strictly voluntary and you and/or your child may withdraw from this part of the study at any time, without consequence. However, we sincerely hope that you will participate in this study which will improve the quality of service to children with multiple needs.

Please sign below for your son/daughter to participate in this program.

If you have any questions please contact _____, principal, at
_____.

Sincerely,

Carol Dawson
Doctoral Candidate,
Nova Southeastern University

____ Yes, I would like my son/daughter _____ to be given
(Full Name)
tests to determine his/her strengths and behavior patterns.

Parent/Guardian signature _____

Date _____

____ No, I would not like my son/daughter _____ to be given
(Full Name)
tests to determine his/her strengths and behavior patterns.

Parent/Guardian signature _____

Date _____

APPENDIX C

**Conflict Resolution Room Logs
Form A (LSCI Version)
Form B (non-LSCI Version)**

Conflict Resolution Room Log

School: _____ Site: _____

Date: _____ Time of entry: _____ Time of exit: _____

Student's Name: _____ Referred by: _____

Behavior before entry to crisis intervention room:

Check all that apply:

- ☐ Problem with Peers _____
- ☐ Problem with Adults _____
- ☐ Problem with Self _____
- ☐ Problem with Learning _____
- ☐ Problem with Rules _____
- ☐ Self-referred _____
- ☐ Other (be specific) _____

Write a number from 1 to 10 to estimate the severity of the problem, using this guide:

1 = minimal; however, student was not able to be maintained in class
10 = severe; danger to self or others

Briefly describe incident and student's behavior: _____

Name of staff supervising student in room: _____

Behavior and interaction while in the crisis intervention room:

- ☐ De-escalated, but with no self-awareness
- ☐ De-escalated, with some discussion of his/her behavior
- ☐ De-escalated, with active discussion of his/her behavior
- ☐ De-escalated, with insight and responsibility for his/her behavior
- ☐ Other (be specific) _____

Life Space Crisis Intervention used? ☐ Yes ☐ No ☐ Partial LSCI: Drain off, Timeline, Consequence

- If a full LSC was used, which one? ☐ Red Flag ☐ Reality Rub ☐ New Tools ☐ Symptom Estrangement
☐ Messaging Numb Values ☐ Manipulating Body Boundaries

• What was his/her self-defeating pattern? _____

Student's/staff's plan to resolve future conflicts: _____

Behavior upon exit from room: (Circle a number from 1 to 10)

[illegible]

(Be specific) _____

Who escorted student from room? _____ Title: _____

Where did the student go? ☐ Back to class ☐ Other (be specific) _____

School: _____ Site: _____

Date: _____ Time of entry: _____ Time of exit: _____

Student's Name: _____ Referred by: _____

Behavior before entry to crisis intervention room:

Check all that apply:

- ☐ Problem with Peers _____
- ☐ Problem with Adults _____
- ☐ Problem with Self _____
- ☐ Problem with Learning _____
- ☐ Problem with Rules _____
- ☐ Self-referred _____
- ☐ Other (be specific) _____

1 = minimal; however, student was not able to be maintained in class
10 = severe; danger to self or others

Briefly describe incident and student's behavior: _____

Name of staff supervising student in room: _____

Behavior and interaction while in the crisis intervention room:

- ☐ De-escalated, but with no self-awareness
- ☐ De-escalated, with some discussion of his/her behavior
- ☐ De-escalated, with active discussion of his/her behavior
- ☐ De-escalated, with insight and responsibility for his/her behavior
- ☐ Other (be specific)

Student's/staff's plan to resolve future conflicts: _____

Behavior upon exit from room: (Circle a number from 1 to 10)

[illegible]

(Be specific) _____

Who escorted student from room? _____ Title: _____

Where did the student go? ☐ Back to class ☐ Other (be specific)



U.S. Department of Education
Office of Educational Research and Improvement
(OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)



Reproduction Release

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: <i>Crisis Intervention Training and Support for School Staff of Junior High School Special Education Students With Emotional Disturbances</i>	
Author(s): <i>Carol A. Dawson, Ed. D.</i>	
Corporate Source: <i>Nova Southeastern University</i>	Publication Date: <i>2001</i>

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, Resources in Education (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following three options and sign in the indicated space following.

The sample sticker shown below will be affixed to all Level 1 documents	The sample sticker shown below will be affixed to all Level 2A documents	The sample sticker shown below will be affixed to all Level 2B documents
PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY <i>SAMPLE</i> TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)	PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY <i>SAMPLE</i> TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)	PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY <i>SAMPLE</i> TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
Level 1	Level 2A	Level 2B
↑ ☒	↑ ☐	↑ ☐
Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g. electronic) and paper copy.	Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only	Check here for Level 2B release, permitting reproduction and dissemination in microfiche only
Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.		

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche, or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Signature: <i>Carol A. Dawson, Ed.D.</i>	Printed Name/Position/Title: <i>Teacher Trainer</i>	
Organization/Address: <i>Office of Positive Behavior Support District 75 New York City Dept. of Ed. 22 E. 28th St. New York, NY 10016</i>	Telephone: <i>917-256-4555</i>	Fax: <i>917-256-4567</i>
	E-mail Address: <i>cdawson@nycboe.net</i>	Date: <i>11-06-02</i>

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of the document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:

Address:

Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:

Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

However, if solicited by the ERIC Facility, or if making an unsolicited contribution to ERIC, return this form (and the document being contributed) to:

ERIC Processing and Reference Facility
4483-A Forbes Boulevard
Lanham, Maryland 20706
Telephone: 301-552-4200
Toll Free: 800-799-3742
e-mail: ericaac@inet.ed.gov
WWW: <http://ericafacility.org>

EFF-088 (Rev. 2/2001)